



Government of
Saskatchewan

Annual Statistical Report 2002-03

Saskatchewan Health

Medical Services Branch

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2002-03. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

- Payments by MSP under its program areas totaled \$435.7 million (see Page 7). Administrative expenses were less than 1% at \$3.7 million.
- MSP also made payments in 2002-03 to support the Specialist and Rural Emergency Coverage Programs, the Clinical Services Fund, a number of alternate payment projects, a Dental Residency program and a number of Saskatchewan Medical Association programs (see Page 8).

Medical Services Plan

- The current physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covered three years, April 1, 2000 to March 31, 2003. It provided an increase in the Payment Schedule of 3% in each year of the contract plus \$3 million per year for new items and modernization of the Schedule. Amendments were made to the Schedule effective June 15, 2001, effective January 1, 2002 and April 1, 2002. The agreement also included a number of improvements such as a new Long Service Retention Program, increased funding for the recruitment and retention of specialists and rural physicians and an increase in funding for the Continuing Medical Education Fund.
- The current chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covered three years, April 1, 2000 to March 31, 2003. It provided an increase to the Payment Schedule of 6.00% effective January 1, 2001. The agreement also contained a utilization formula which resulted in a decrease in rates of 3.71% for all visit services effective April 1, 2001 and a further decrease of 1.26% for all visit services effective April 1, 2002.
- The current optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covered four years, June 1, 2000 to May 31, 2004. It provided an increase in the Payment Schedule of 5.75% effective January 1, 2001 and a 3% increase effective June 1, 2003.
- The current dental agreement between the College of Dental Surgeons and Saskatchewan Health signed in December 2002 covers 10 years, August 1, 1995 to March 31, 2005. No adjustments in payments were made for the first 6 years. A retroactive payment of 2% was made on claims billed between April 1, 2001 and March

31, 2002 plus an additional 3% for claims billed between April 1, 2002 and December 31, 2002. A new Payment Schedule was effective January 1, 2003. The agreement provides for 3% increases April 1, 2003 and April 1, 2004.

- The number of claims received for processing in 2002-03 totaled over 8.8 million, including claims for SGI services and out-of-province beneficiaries. About 98% of claims were submitted via computer (Table 3).
- The number of beneficiaries eligible to receive services remained virtually unchanged at 1,024,827. Of this number, 84.9% received insured services during the year from a physician, 9.7% from an optometrist, and 10.4% from a chiropractor (Table 5).
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$342.0 million, an increase of 5.19% on a per capita basis (Table 8).
- Total expenditures by program area were: (Table 8)

physicians	\$327,346,000
optometrists	\$4,102,000
chiropractors	\$9,269,000
dentists	\$1,291,000
- Payments for out-of-province physician services totaled \$18.1 million (Table 11) up 12.2%. Out-of-province hospital payments totaled \$31.5 million (Table 13a) up 7.7%. Physician fee schedule increases in Alberta and British Columbia, a strike by Saskatchewan Health Sciences Association workers and increased hospital per diem rates contributed to these increased costs.
- There were 26 residents approved for referral for out-of-country specialized treatment not available in Canada.
- Services provided outside of Canada for patients with prior approval are:

	<u>2001-02</u>	<u>2002-03</u>
Patients	46	33
Practitioner Payments	\$390,800	\$399,300
Hospital Payments	\$793,600	\$707,000
Total Payments	\$1,184,400	\$1,106,300

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year.)

- To encourage physician recruitment, effective April 1, 2000 the Medical Services Branch policy was amended allowing those physicians granted a locum licence by the College of Physicians and Surgeons of Saskatchewan for more than eleven months to obtain their own MSP billing number. The policy amendment also applied to locums where the College indicated to MSB the physicians' intent to establish a practice for a period of more than 11 months. The policy was further revised April 1, 2001 extending to all locums with the intent to practise for a period of more than 3 months. This allowed eligible physicians to bill the MSP for services provided consistent with the Saskatchewan Health Physician Payment Schedule rather than having their services provided billed to MSP through a sponsoring physician.
- To encourage specialist recruitment and retention, MSB and the SMA, in co-operation with the College of Physicians and Surgeons of Saskatchewan, agreed to recognize physicians with specialty certification from outside Canada and who restrict their practice as eligible to receive MSP payments at foreign certified specialist (FCS) rates. Prior to 2001-02 these physicians would have been classified and included as general practitioners and paid at general practitioner rates.
- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,219 from 1,198 in 2001-02. Metro (Regina and Saskatoon) general practitioners increased by 11 (to 342), other urban general practitioners increased by 6 (to 144), and rural general practitioners decreased by 6 (to 230); specialists increased by 10 to 503.

Average payments to active physicians (Table 25):

General Practitioners	\$197,400	up 3.01%
Specialists	301,000	up 3.80%
All Physicians	240,100	up 3.46%

(see "Active" definition - page 14)

- The number of practising chiropractors increased by 2 to 162, while the number of practising optometrists decreased by 6 (to 110). The average payment per chiropractor decreased by 7.12% to \$54,876 and the average payment per optometrist increased by 4.02% to \$35,618 (Table 34).

New Initiatives

- Specialist Recruitment and Retention Program -- A fund of \$1.5 million annually was established as part of the 2000-2003 SMA Agreement. A tripartite committee comprised of representation from the SMA, Regions and Saskatchewan Health manages it. In the first year of operation, 35 bursaries were awarded. In 2002-03, 19 new bursaries of \$25,000 were awarded and the committee has undertaken to develop other programs for specialist physicians.
- The College of Physicians and Surgeons of Saskatchewan (COPSS) received \$85,000 to run a pilot project for assessment of International Medical Graduates (IMGs). The project was developed in collaboration with the SMA, College of Medicine and Saskatchewan Health. Two candidates were accepted into the program and underwent the CAPE evaluation prior to a clinical assessment. Both candidates have successfully completed the program and are practising in rural Saskatchewan. The COPSS will be evaluating the project and submitting the report for consideration from the key stakeholder groups.
- The Long Service Retention Program was established to help retain physicians by recognizing those who remain in the province for at least 10 years. The new \$4 million Program was established as part of the 2000-2003 Agreement with the SMA, and specific Program benefits and eligibility criteria are currently being finalized by a joint Government - SMA Committee.
- Rural Practice Enhancement Grant (RPEG) Program for Foreign-Trained Physicians -- Through this new initiative \$18,000 is available to a foreign-trained family physician who establishes a practice for 18 months in a rural Saskatchewan community. A further 18-month return-of-service commitment begins after the initial 18-month period for a total 3 years of service. This Program complements the Rural Practice Establishment Program of 1997.
- Specialist Emergency Coverage Program -- Implemented July 2001, this is a new program that compensates specialists for being available (on-call) to provide emergency medical services for new or unassigned patients. The Program is a collaborative effort that is jointly administered by Saskatchewan Health, the SMA and Regions. The program supported 178 specialist call rotations in 14 communities in 2002-03 (see Table 27).

Physician Remuneration

- The predominant method of payment for physician services in Saskatchewan is the fee-for-service system. Payment for these services is established by agreement between the Province and the SMA based on rates outlined in the Payment Schedule. In 2002-03, payments for fee-for-service in-province physicians totaled about \$293 million.
- A significant number of physicians derive the majority of their income from mechanisms other than fee-for-service. Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2002-03, this sector accounted for about \$114.8 million, or 26% of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with regional health authority operations (radiology, laboratory and emergency services).
- Regional Health Authority expenditures on physician services represent a rapidly growing and prominent area of Region operations. In 2001, Saskatchewan Health established a new Medical Remuneration Unit within MSB to assist health regions and other stakeholders to provide for a standardized provincial approach in this area.
- Interest in Alternate Payment arrangements continues to grow. In 2002-03 eight new agreements were added to the portfolio. The majority of these have been contracts for service and provide a different way of reimbursing physicians for their clinical services other than the traditional fee-for-service system. The arrangements offer the opportunity for physicians to work as an integral part of the health team, provide positive effects on lifestyle and provide a stable source of funding. Expenditures on alternate payment projects increased to \$20.2 million in 2002-03, up from \$16.6 million in 2001-02.

The alternate payment portfolio is diverse and includes both general practitioners and specialists. General practitioners receiving alternate payments work in practices in rural, regional and urban centres. Specialists are remunerated through alternate payments in Regina, Saskatoon and several regional centres in specialties such as intensive care, general surgery, obstetrics and gynaecology, anaesthesia and paediatrics.

Physician Resources

- The Department supports educational activities at the College of Medicine through the Clinical Services Fund. With a budget of \$21.9 million in 2002-03, the Clinical Services Fund covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate and continuing medical education; and
 - post-graduate medical resident salaries and benefits.
- In September 2001, the number of undergraduate seats in the College of Medicine was expanded from 55 to 60. The expansion will provide an opportunity to train more physicians and return medical school enrolment to the 1994 level of 60 positions.
- The post-graduate medical program provides accredited training in 18 programs including family medicine and a number of specialties. These programs are of varying duration -- family medicine is two years, specialties range from four to six years in length. Table 33 outlines the number of funded residency positions as well as the retention rate of recent program graduates.
- The Saskatchewan Academic Health Sciences Network (SAHSN) was launched in January 2002 in order to foster partnerships in clinical service, research and teaching. It is comprised of regional health authorities, government (the Departments of Health and Learning), the College of Medicine and the University of Saskatchewan. Historically, approximately 65% of the College's annual budget originates from the Departments of Health and Learning.
- The Department has undertaken a review of Physician Resource Planning activities in other jurisdictions and is working, initially with the Regional Health Authorities, to establish a physician resource planning process.

Other Areas

- In 2002, the Department undertook a major redesign of health governance by moving from 32 health districts to 12 Regional Health Authorities (see Figure 4).

Medical Services Branch

2002-03 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	\$325,189,000	74.0
Physicians - Fee-for-Service ¹	292,671,000	66.6
Physicians - Alternate Payments	20,205,000	4.6
Chiropractors	7,513,000	1.7
Optometrists	3,480,000	0.8
Dentists	1,320,000	0.3
Out-of-Province		
(including Hospital)	58,670,000	13.4
Saskatchewan Medical Association Programs	29,827,000	6.8
Medical Education System - Clinical Services Fund	21,947,000	5.0
Dental Residency Grant	75,000	0.0
Administration	3,668,000	0.8
Total Expenditures	\$439,377,000	100.0

¹ Includes Rural Emergency Coverage Program payments.

Notes:

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through District Management Services Branch; and, the handling of claims for medical services provided in other alternate payment projects. For statistical purposes, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.
2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2002-03

	Payments	Number of Bursaries & Grants
<u>Fee-for-Service (FFS)</u>	<u>\$286,806,097</u>	
<u>Rural Emergency Coverage Programs (FFS)</u>	<u>\$5,865,379</u>	
<u>Specialist Emergency Coverage Programs</u>	<u>\$14,282,284</u>	
<u>Non-fee-for-service (Non-FFS)</u>	<u>\$114,755,571</u>	
Medical Remuneration	\$58,534,102	
¹ Saskatchewan Cancer Agency	\$6,235,633	
^{1,2} Student Health Centre	\$407,773	
^{1,2} Community Clinics	\$4,466,743	
^{1,2} Northern Health Contract Physicians	\$2,959,693	
³ Alternate Payments	\$20,204,630	
Clinical Services Fund (College of Medicine)	\$21,946,997	
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	\$421,709,330	
<u>SMA Programs (excluding Emergency Coverage Programs)</u>	<u>\$15,355,538</u>	<u>49</u>
Undergraduate Medical Bursaries	\$650,000	10
Medical Residency Bursaries	\$440,000	14 ⁴
Physician Re-Entry Training Program	\$103,058	2
Rural Practice Enhancement Training	\$10,326	0
Rural Practice Establishment Grant	\$36,000	2
Rural and Remote Incentives	\$1,400,616	
Continued Medical Education	\$1,700,000	
Canadian Medical Protective Agency (CMPA) Funding	\$5,921,512	
Practice Enhancement Program	\$75,000	
Physician Retention Fund	\$4,000,000	
Specialist Recruitment and Retention Bursaries	\$850,000	19
Saskatchewan Health Re-entry Training	\$169,026	2
Grand Total: Payments to Physicians (including SMA Programs) Continuing Bursaries from Previous Years	\$437,064,868	<u>41</u>

¹ Expenditures in these areas are managed by other Branches of Saskatchewan Health.

² These expenditures include payments to physicians only.

³ Includes some rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

⁴ Four 2001-02 students received their funding in 2002-03.

Notes: 1) In 2002-03, the Medical Services Branch was responsible for about \$422 million in expenditures for physician remuneration.

2) In addition to physician remuneration, the Branch provided an additional \$15 million to physicians through SMA programs.

3) Department funding for physician services may not equal expenditures by Regional Health Authorities.

4) The number of bursaries issued in 2002-03 are down to 45 from 56 in 2001-02.

Medical Services Plan

The Medical Services Plan provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being registration and residency with the Health Registration and Vital Statistics Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- anaesthesia for pain management
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 to 69 years of age are available and funded through the provincial Screening Program for Breast Cancer.
- other diagnostic services provided by a physician.

Laboratory Services

- any laboratory services, including interpretations, provided by specialists in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist.

Preventive Medical Services - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with a Saskatchewan Cancer Clinic.

Optometric Services

Coverage for optometric services is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

For eligible beneficiaries listed above, the frequency of routine examinations to determine refractive error is limited to one in any 24 month period for beneficiaries aged 18 to 64 and once every 12 months for beneficiaries of all other ages.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval of the MSP is received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and private facility bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

Hospital Services:

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan

then bills the home province of the patient for the services provided.

Emergency hospital services for persons traveling outside Canada are covered on the following basis: \$100 (Canadian) per day for in-patient services; \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRIs and bone densitometry, as noted above for physicians.

Exclusions

The following services are not insured by the Medical Services Plan:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules
- population-based funding, adjusted by age, gender and geographic area, for general practitioner services provided to clients who primarily seek their health care from a single physician clinic
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities, and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and regional health authorities considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

A global system of payment for the operation of four community clinics is provided by District Management Services Branch.

Practitioners may choose to practice entirely outside the Medical Services Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to \$50,000 (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon Medical Services Plan payments made during 2002-03 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects have their services recorded on the same basis as fee-for-service items (shadow billing). **Note:** The level of compliance to shadow bill for other than fee-for-service methods of payment can impact on the data presented in this report.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables which present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables which show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Service groupings are based on national (Canadian Institute for Health Information) grouping classifications.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2002-03 include some services provided in 2001-02.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 7, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through District Management Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical

tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College. (See "Highlights" page 4 for locum billing number policy change.)

Retroactive Payments - From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. The data also excludes lump sum payments to dentists and dental surgeons in 2002-03 in lieu of retroactivity. Such payments are included in the Expenditure tables on pages 7 and 8.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

- (a) **Consultations** - A consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** - A major assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

- (d) **Psychotherapy** - Includes treatment interview, group therapy, and counseling.
- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal monitoring and transfusions are included here.
- (k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 9).
- (l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, and resuscitation and intensive care.
- (o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report, examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

- (p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.
- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

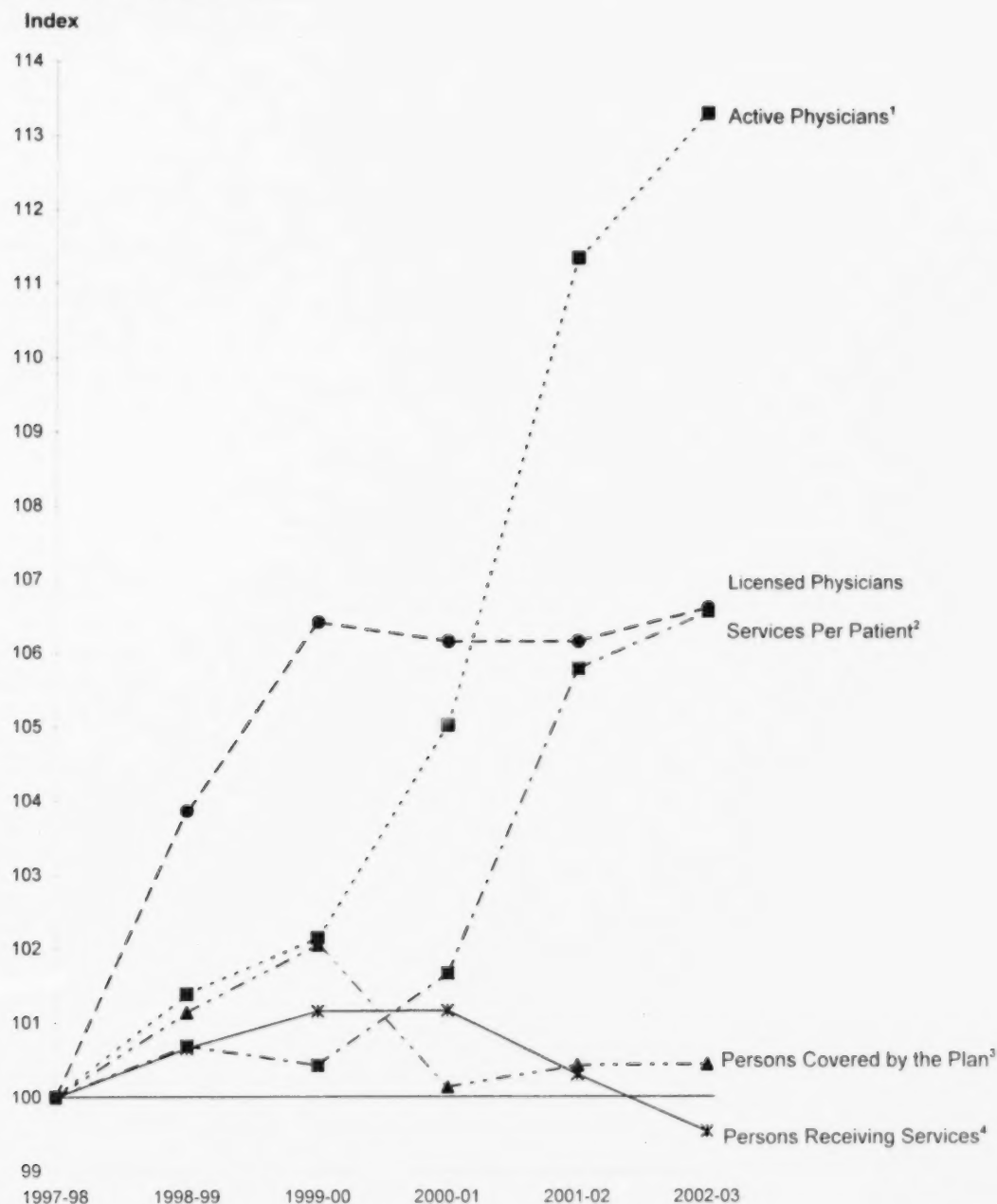
- (a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - (v) **Solo** - A general practitioner who is not working in association with another physician.
- (b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates and, as of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons as eligible to receive MSP payments at foreign certified specialist (FCS) rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services. (See "Highlights" - page 4)
Note: Physiatriests are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

II. Optometrist - A practitioner registered by the Saskatchewan Association of Optometrists.

III. Chiropractor - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians,
Services Per Patient, and Persons Receiving Services
1997-98 to 2002-03



¹ Policy changes in 2000 and 2001 regarding issuing locums MSP billing numbers affect year over year comparisons of Active Physicians.

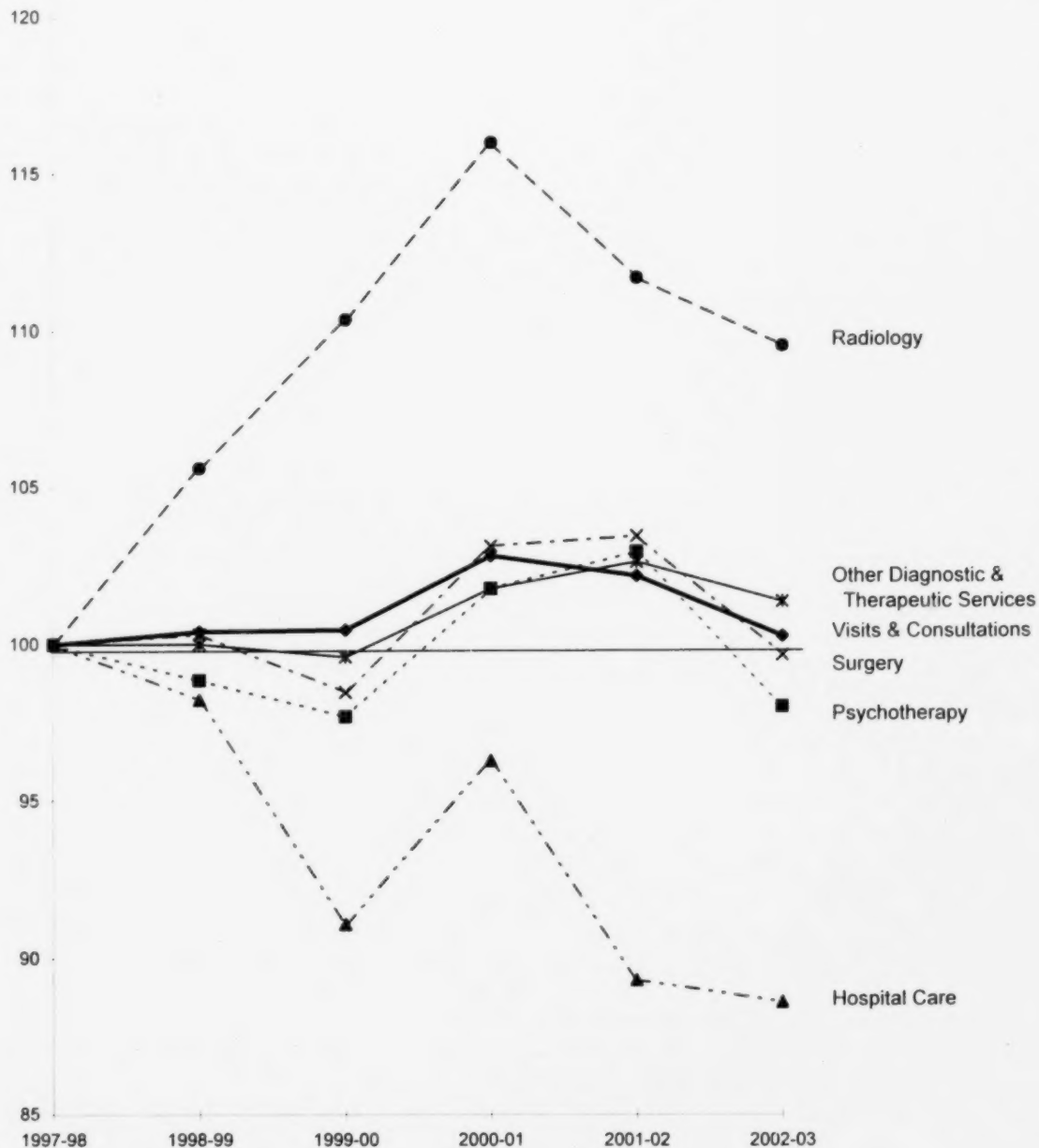
² Services Per Patient exclude any surcharges or premiums but include services that contain additional units. Service counts are affected by the Anaesthesia Section restructuring in January 2001 and by the expansion of fee codes related to telephone advice in June 2001.

³ The number of beneficiaries increased by less than 100 in 2002-03 over 2001-02.

⁴ 84.9% of beneficiaries received services from a physician in 2002-03, down from 85.6% in 2001-02.

Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
1997-98 to 2002-03

Index



Note: The level of compliance to shadow bill, for other than fee-for-service methods of payment, as well as any health care work stoppages can affect year over year comparisons (see "Introductory Notes").

Figure 3
Per Capita Payments for Insured Services
by Age and Sex of Beneficiary

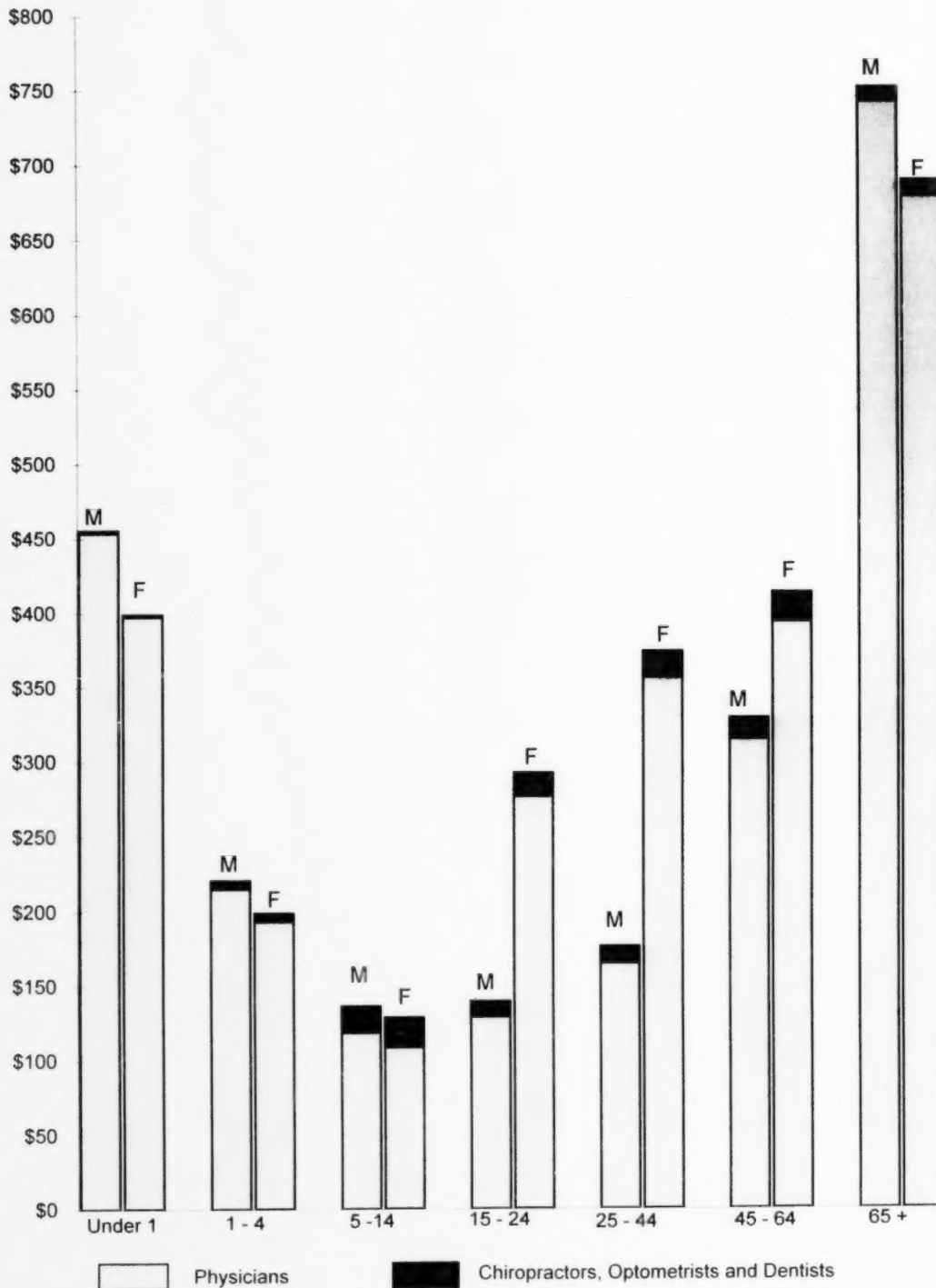


Figure 4
Map of Regional Health Authorities

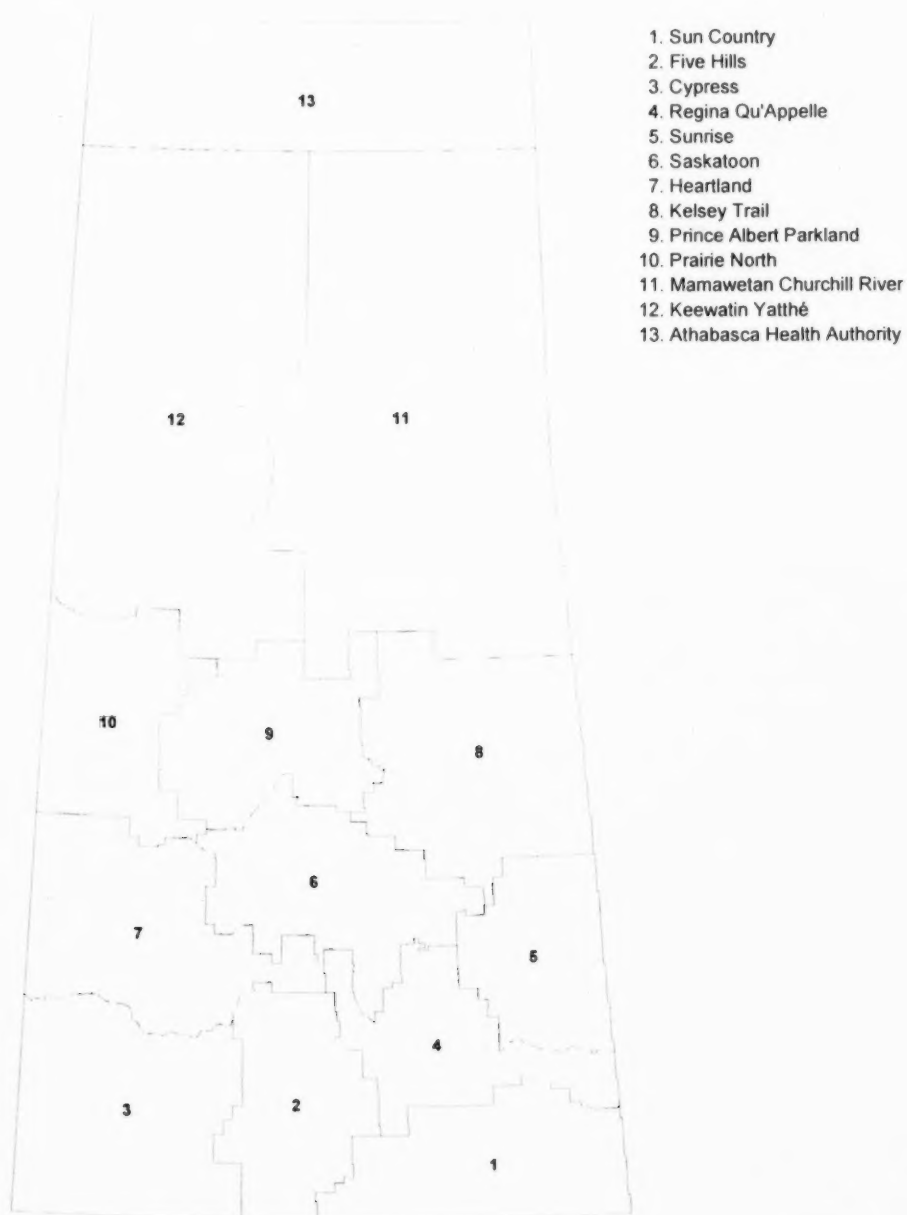


Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services (000's)	Total Per Cent Change In Per Capita Costs ¹	Per Cent Change Due to Fee Increases	Per Cent Change Due to Utilization Increases
1998-99 ²	285,093	4.85	2.74	2.05
1999-00 ²	296,750	3.08	2.16	0.90
2000-01 ²	305,074	4.67	0.06	4.60
2001-02 ²	325,120	5.27	4.82	0.43
2002-03 ²	342,007	4.50	4.27	0.22
Average Annual Per Cent Change 1998-99 to 2002-03.....	4.66	4.38	2.83	1.54

¹ Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year.

The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

Payments in all years exclude lump sum payments made to the SMA for distribution to physicians in the province in lieu of retroactive amendments to the Payment Schedule.

Payments in 2002-03 exclude lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

² Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2001-02		2002-03	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	1,951	\$4,757.0	1,970	\$4,657.2
Routine Assessment on Out-of-Province Claims ¹	--	1,053.4	--	860.8
Special MSP Studies and Professional Review Activity ²	10	32.8	9	42.4
Third Party Liability Recoveries.....	--	1,681.0	--	2,693.2
Total	--	\$7,524.2	--	\$8,253.6

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of after hour premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	2001-02	2002-03	2001-02	2002-03
Physicians	7,864,640	7,898,089	89.12	89.44
In-Province Claim Forms ^{1,4}	63,220	60,100	0.72	0.68
In-Province Direct Input ^{1,4}	7,550,071	7,594,869	85.56	86.01
Out-of-Province Reciprocal Billing ²	249,281	241,017	2.82	2.73
Other Out-of-Province.....	2,068	2,103	0.02	0.02
Optometrists ³	109,838	115,711	1.24	1.31
In-Province Claim Forms ⁴	64,326	66,461	0.73	0.75
In-Province Direct Input ⁴	43,091	46,427	0.49	0.53
Out-of-Province.....	2,421	2,823	0.03	0.03
Chiropractors ³	841,742	807,997	9.54	9.15
In-Province Claim Forms.....	13,538	10,025	0.15	0.11
In-Province Direct Input.....	823,689	793,074	9.33	8.98
Out-of-Province.....	4,515	4,898	0.05	0.06
Beneficiaries	8,592	8,785	0.10	0.10
In-Province.....	295	274	0.01	0.00
Out-of-Province.....	8,297	8,511	0.09	0.10
Total	8,824,812	8,830,582	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

⁴ Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2002		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	6,036	5,773	14,329	12,659	453,624	397,181
1 - 4	25,495	24,654	8,610	7,831	214,990	193,111
5 - 14	75,925	72,205	5,069	4,733	118,190	108,448
15 - 24	80,433	75,974	5,080	10,729	128,571	275,994
25 - 44	142,414	140,160	6,109	12,851	164,514	355,381
45 - 64	114,827	112,499	10,480	14,001	313,798	392,908
65 and over	64,555	83,877	23,868	23,500	740,661	677,266
All Beneficiaries.....	509,685	515,142	9,248	13,143	264,495	362,369
B. Optometrists						
Under 1	6,036	5,773	7	8	261	314
1 - 4	25,495	24,654	115	121	4,438	4,653
5 - 14	75,925	72,205	395	443	15,406	17,226
15 - 24	80,433	75,974	129	176	5,038	6,880
25 - 44	142,414	140,160	15	33	511	1,118
45 - 64	114,827	112,499	28	31	712	793
65 and over	64,555	83,877	20	44	520	1,131
All Beneficiaries.....	509,685	515,142	98	117	3,684	4,317
C. Chiropractors						
Under 1	6,036	5,773	114	101	1,451	1,292
1 - 4	25,495	24,654	97	80	1,270	1,037
5 - 14	75,925	72,205	154	155	1,930	1,917
15 - 24	80,433	75,974	347	547	4,014	6,368
25 - 44	142,414	140,160	890	1,292	10,034	14,994
45 - 64	114,827	112,499	1,105	1,511	12,345	16,811
65 and over	64,555	83,877	732	781	8,164	8,779
All Beneficiaries.....	509,685	515,142	674	916	7,621	10,452
D. Dentists						
Under 1	6,036	5,773	0	1	0	76
1 - 4	25,495	24,654	2	1	66	51
5 - 14	75,925	72,205	11	18	636	949
15 - 24	80,433	75,974	21	36	1,595	2,542
25 - 44	142,414	140,160	12	21	898	1,419
45 - 64	114,827	112,499	20	28	1,399	1,982
65 and over	64,555	83,877	13	12	971	910
All Beneficiaries.....	509,685	515,142	15	22	1,039	1,478

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes payments for specialist and rural emergency coverage programs.

5) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2001-02				2002-03			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	147,754	14.4	--	<0.1	154,637	15.1	--	<0.1
\$ 0.01 - \$ 25.00.....	80,993	7.9	0.6	0.8	76,392	7.5	0.5	0.7
\$ 25.01 - \$ 50.00.....	82,098	8.0	1.1	1.5	80,695	7.9	1.0	1.4
\$ 50.01 - \$ 100.00.....	144,996	14.1	3.5	4.8	140,860	13.7	3.3	4.6
\$100.01 - \$ 250.00.....	253,496	24.7	13.6	17.2	246,116	24.0	12.5	16.3
\$250.01 - \$ 500.00.....	155,756	15.2	18.0	20.6	155,691	15.2	17.1	19.8
\$500.01 - \$1,000.00....	93,046	9.1	21.4	21.3	96,760	9.4	21.1	21.3
\$1,000.01-\$1,500.00...	34,293	3.3	13.7	12.1	36,826	3.6	14.0	12.3
\$1,500.01-\$2,000.00...	14,923	1.5	8.4	7.1	16,945	1.7	9.1	7.7
Over \$2,000.00.....	17,433	1.7	19.6	14.7	19,905	1.9	21.5	16.0
Total	1,024,788	100.0	100.0	100.0	1,024,827	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	925,707	90.3	--	<0.1	925,177	90.3	--	<0.1
\$ 0.01 - \$ 25.00.....	2,462	0.2	1.1	2.2	2,290	0.2	1.1	2.1
\$ 25.01 - \$ 50.00.....	86,059	8.4	84.3	78.2	87,402	8.5	85.2	79.4
Over \$50.00.....	10,560	1.0	14.5	19.6	9,958	1.0	13.7	18.6
Total	1,024,788	100.0	100.0	100.0	1,024,827	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	914,102	89.2	--	0.1	917,877	89.6	--	0.1
\$ 0.01 - \$ 25.00.....	32,481	3.2	5.8	5.4	31,760	3.1	5.9	5.5
\$ 25.01 - \$ 50.00.....	23,161	2.3	9.1	8.9	21,812	2.1	8.9	8.8
\$ 50.01 - \$ 100.00.....	25,920	2.5	19.3	19.6	25,307	2.5	19.6	20.0
\$100.01 - \$ 250.00.....	21,712	2.1	34.6	35.3	21,181	2.1	35.4	36.1
\$250.01 - \$ 500.00.....	5,926	0.6	20.2	20.3	5,601	0.5	20.2	20.2
Over \$500.00.....	1,486	0.1	11.2	10.3	1,289	0.1	10.0	9.3
Total	1,024,788	100.0	100.0	100.0	1,024,827	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Includes optometric and chiropractic services covered by the Supplementary Health Program.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes payments for specialist and rural emergency coverage programs.

Table 6
Physician Services and Payments by Age and Sex (In- and Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	6,036	7,012	100.00	14.33	453.62	12.33	390.48	31.66
	F	5,773	6,726	100.00	12.66	397.18	10.87	340.91	31.38
	T	11,809	13,738	100.00	13.51	426.03	11.61	366.21	31.53
1 - 4	M	25,495	23,307	91.42	8.61	214.99	9.42	235.17	24.97
	F	24,654	22,297	90.44	7.83	193.11	8.66	213.53	24.66
	T	50,149	45,604	90.94	8.23	204.23	9.05	224.59	24.82
5 - 9	M	35,856	28,050	78.23	5.28	124.19	6.76	158.75	23.50
	F	34,068	26,703	78.38	4.87	111.63	6.21	142.42	22.92
	T	69,924	54,753	78.30	5.08	118.07	6.49	150.78	23.23
10 - 14	M	40,069	30,526	76.18	4.88	112.82	6.40	148.09	23.14
	F	38,137	28,889	75.75	4.61	105.61	6.09	139.41	22.91
	T	78,206	59,415	75.97	4.75	109.30	6.25	143.87	23.03
15 - 19	M	41,518	30,923	74.48	5.05	124.59	6.79	167.28	24.65
	F	39,636	34,228	86.36	8.63	213.31	10.00	247.01	24.71
	T	81,154	65,151	80.28	6.80	167.92	8.47	209.17	24.69
20 - 24	M	38,915	28,190	72.44	5.11	132.81	7.05	183.34	26.00
	F	36,338	34,424	94.73	13.02	344.37	13.74	363.52	26.46
	T	75,253	62,614	83.20	8.93	234.97	10.73	282.40	26.32
25 - 29	M	33,437	23,540	70.40	5.22	135.21	7.41	192.05	25.92
	F	32,259	29,548	91.60	14.79	418.39	16.15	456.77	28.28
	T	65,696	53,088	80.81	9.92	274.26	12.28	339.39	27.65
30 - 34	M	31,830	22,606	71.02	5.72	153.67	8.06	216.37	26.86
	F	31,215	28,024	89.78	14.00	395.19	15.59	440.18	28.23
	T	63,045	50,630	80.31	9.82	273.25	12.23	340.25	27.83
35 - 39	M	36,526	25,701	70.36	6.32	169.76	8.98	241.27	26.87
	F	36,624	31,285	85.42	11.59	313.87	13.57	367.43	27.08
	T	73,150	56,986	77.90	8.96	241.91	11.50	310.53	27.01
40 - 44	M	40,621	30,028	73.92	6.96	192.42	9.41	260.29	27.65
	F	40,062	35,059	87.51	11.55	311.58	13.19	356.04	26.99
	T	80,683	65,087	80.67	9.24	251.59	11.45	311.87	27.24
45 - 49	M	38,690	29,876	77.22	7.90	223.12	10.24	288.94	28.23
	F	37,360	33,423	89.46	12.27	336.55	13.71	376.20	27.44
	T	76,050	63,299	83.23	10.05	278.84	12.07	335.02	27.75
50 - 54	M	31,400	25,689	81.81	9.71	285.55	11.87	349.03	29.41
	F	30,375	27,848	91.68	13.62	371.60	14.86	405.32	27.28
	T	61,775	53,537	86.66	11.63	327.86	13.42	378.31	28.19
55 - 59	M	24,941	21,582	86.53	11.99	366.72	13.85	423.80	30.59
	F	24,401	23,088	94.62	15.12	434.39	15.98	459.09	28.73
	T	49,342	44,670	90.53	13.54	400.18	14.95	442.04	29.56
60 - 64	M	19,796	17,575	88.78	14.83	469.16	16.71	528.45	31.63
	F	20,363	19,108	93.84	16.41	478.39	17.49	509.81	29.15
	T	40,159	36,683	91.34	15.63	473.84	17.11	518.74	30.31
65 - 69	M	17,935	16,367	91.26	18.04	590.39	19.77	646.96	32.73
	F	18,842	17,839	94.68	18.67	571.79	19.72	603.94	30.63
	T	36,777	34,206	93.01	18.36	580.86	19.74	624.52	31.63
70 - 74	M	16,617	15,659	94.23	21.91	712.22	23.25	755.79	32.50
	F	18,625	17,770	95.41	20.55	626.82	21.54	656.98	30.50
	T	35,242	33,429	94.86	21.19	667.09	22.34	703.27	31.48
75 & Over	M	30,003	30,690	100.00	28.44	846.24	27.80	827.30	29.76
	F	46,410	47,268	100.00	26.64	740.33	26.16	726.89	27.79
	T	76,413	77,958	100.00	27.35	781.92	26.81	766.42	28.59
Total all ages	M	509,685	407,321	79.92	9.25	264.50	11.57	330.97	28.60
	F	515,142	463,527	89.98	13.14	352.37	14.61	402.72	27.57
	T	1,024,827	870,848	84.98	11.21	313.69	13.19	369.16	27.99

¹ As at June 30, 2002.

² Population treated at anytime during the fiscal year.

Note: Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2001-02 to 2002-03
	2001-02	2002-03	2001-02	2002-03	
In-Province Physician Services.....	10,963.2	11,019.9	10,698	10,753	0.51
Consultations.....	486.4	470.4	475	459	-3.30
Major Assessments.....	399.9	408.1	390	398	2.03
Other Assessments.....	4,591.0	4,496.4	4,480	4,387	-2.06
Psychotherapy.....	362.6	345.8	354	337	-4.65
	5,839.9	5,720.6	5,699	5,582	-2.05
 Hospital Care.....	 513.1	 508.8	 501	 497	 -0.84
 Special Calls and Emergency.....	 820.2	 893.9	 800	 872	 8.99
 Major Surgery.....	 104.0	 108.1	 101	 105	 3.93
Minor Surgery.....	238.8	221.7	233	216	-7.18
Surgical Assistance.....	100.7	102.4	98	100	1.72
Obstetrics.....	25.3	24.4	25	24	-3.70
Anaesthesia.....	549.6	588.6	536	574	7.09
	1,018.5	1,045.2	994	1,020	2.62
 Diagnostic Radiology.....	 265.4	 260.7	 259	 254	 -1.76
Laboratory Services.....	587.6	538.5	573	525	-8.36
Other Diagnostic and Therapeutic Services.....	1,498.9	1,480.5	1,463	1,445	-1.23
Special and Miscellaneous Services ²	419.7	571.7	410	558	36.21
	2,771.5	2,851.3	2,704	2,782	2.87
 In-Province Dental Services.....	 18.9	 18.5	 18	 18	 -1.93
 In-Province Optometric Services.....	 107.6	 107.6	 105	 105	 -0.04
Refractions by Optometrists.....	95.0	95.7	93	93	0.80
Other Optometric Services.....	12.7	11.9	12	12	-6.30
 In-Province Chiropractic Services.....	 825.6	 793.5	 806	 774	 -3.90
Chiropractic Visit Services.....	822.8	791.5	803	772	-3.82
Chiropractic X-Ray Services.....	2.8	2.0	3	2	-28.09
 Out-of-Province Services					
Physician Services.....	450.8	464.0	440	453	2.93
Dental Services.....	0.1	0.1	--	--	--
Optometric Services.....	2.5	2.7	2	3	5.53
Chiropractic Services.....	21.2	22.1	21	22	4.19
 All Services.....	 12,390.0	 12,428.3	 12,090	 12,127	 0.31

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Service counts are affected by the June 2001 expansion of fee codes related to telephone advice by physicians to physicians or allied health personnel.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 2001-02 to 2002-03
	2001-02	2002-03	2001-02	2002-03	
In-Province Physician Services.....	293,976	309,602	286,866	302,102	5.31
Consultations.....	31,967	32,631	31,194	31,840	2.07
Major Assessments.....	17,977	19,033	17,542	18,572	5.87
Other Assessments.....	100,289	102,475	97,863	99,992	2.18
Psychotherapy.....	9,934	9,712	9,693	9,477	-2.24
	160,167	163,850	156,293	159,881	2.30
Hospital Care.....	8,888	9,945	8,673	9,704	11.89
Special Calls and Emergency.....	12,239	13,261	11,943	12,940	8.34
Major Surgery.....	28,763	30,632	28,068	29,890	6.49
Minor Surgery.....	5,163	5,123	5,038	4,999	-0.78
Surgical Assistance.....	4,222	4,975	4,120	4,854	17.82
Obstetrics.....	5,207	5,345	5,081	5,216	2.65
Anaesthesia.....	14,692	16,636	14,337	16,233	13.23
	58,047	62,711	56,643	61,191	8.03
Diagnostic Radiology.....	9,959	10,098	9,718	9,854	1.40
Laboratory Services.....	1,919	1,781	1,872	1,738	-7.16
Other Diagnostic and Therapeutic Services.....	33,378	37,708	32,571	36,794	12.97
Special and Miscellaneous Services ²	9,379	10,248	9,152	9,999	9.26
	54,635	59,835	53,313	58,386	9.51
In-Province Dental Services.....	1,275	1,264	1,245	1,234	-0.89
In-Province Optometric Services.....	3,978	3,997	3,882	3,900	0.46
Refractions by Optometrists.....	3,799	3,829	3,707	3,736	0.78
Other Optometric Services.....	179	168	175	164	-6.27
In-Province Chiropractic Services.....	9,566	9,028	9,334	8,809	-5.62
Chiropractic Visit Services.....	9,513	8,986	9,283	8,768	-5.54
Chiropractic X-Ray Services.....	53	42	51	41	-20.50
Out-of-Province Services					
Physician Services.....	15,977	17,744	15,591	17,314	11.05
Dental Services.....	14	27	13	26	96.18
Optometric Services.....	99	105	96	102	6.05
Chiropractic Services.....	235	241	229	235	2.53
All Services.....	325,120	342,007	317,256	333,722	5.19

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service ¹	2001-02			2002-03		
	General	Specialists	All	General	Specialists	All
	Practitioners		Practitioners	Practitioners		Practitioners
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
In-Province Physician Services.....	20.36	38.96	26.81	21.04	41.43	28.09
Consultations.....	46.54	66.60	65.72	46.29	70.31	69.37
Major Assessments.....	42.90	50.36	44.95	44.59	52.08	46.64
Other Assessments.....	21.63	24.35	21.84	22.54	25.67	22.79
Psychotherapy.....	21.93	36.91	27.39	22.72	38.67	28.09
	23.05	46.91	27.43	24.04	49.42	28.64
Hospital Care.....	17.27	17.38	17.32	20.69	17.97	19.55
Special Calls and Emergency.....	13.36	17.75	14.92	12.91	18.52	14.83
Major Surgery.....	162.14	281.85	276.55	171.87	288.91	283.37
Minor Surgery.....	15.21	45.51	21.62	16.51	46.68	23.11
Surgical Assistance.....	35.62	74.93	41.92	41.80	85.49	48.56
Obstetrics.....	239.71	182.50	205.54	252.77	196.14	219.10
Anaesthesia.....	23.15	27.32	26.73	24.29	28.79	28.26
	29.74	72.25	56.99	33.54	72.99	60.00
Diagnostic Radiology.....	--	37.53	37.53	--	38.74	38.74
Laboratory Services.....	2.96	5.15	3.27	2.93	5.69	3.31
Other Diagnostic and						
Therapeutic Services.....	7.94	26.44	22.27	9.04	30.21	25.47
Special and Miscellaneous Services ²	7.92	11.92	8.47	7.12	11.48	7.67
	5.85	26.67	17.61	6.11	29.63	18.93
In-Province Dental Services.....	--	--	67.66	--	--	68.39
In-Province Optometric Services.....	--	--	36.96	--	--	37.14
Refractions by Optometrists.....	--	--	40.01	--	--	40.00
Other Optometric Services.....	--	--	14.10	--	--	14.10
In-Province Chiropractic Services.....	--	--	11.59	--	--	11.38
Chiropractic Visit Services.....	--	--	11.56	--	--	11.35
Chiropractic X-Ray Services.....	--	--	19.00	--	--	21.00
Out-of-Province Services						
Physician Services.....	29.69	40.58	35.44	33.21	42.08	38.24
Dental Services.....	--	--	227.31			366.54
Optometric Services.....	--	--	39.01			39.20
Chiropractic Services.....	--	--	11.07			10.89
All Services.....	20.63	39.05	26.24	21.37	41.48	27.52

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2001-02	2002-03	2001-02	2002-03
In-Province Physician Services.....	88.49	88.67	90.42	90.52
Consultations.....	3.93	3.78	9.83	9.54
Major Assessments.....	3.23	3.28	5.53	5.57
Other Assessments.....	37.05	36.18	30.85	29.96
Psychotherapy.....	2.93	2.78	3.06	2.84
	47.13	46.03	49.26	47.91
 Hospital Care.....	 4.14	 4.09	 2.73	 2.91
Special Calls and Emergency.....	6.62	7.19	3.76	3.88
Major Surgery.....	0.84	0.87	8.85	8.96
Minor Surgery.....	1.93	1.78	1.59	1.50
Surgical Assistance.....	0.81	0.82	1.30	1.45
Obstetrics.....	0.20	0.20	1.60	1.56
Anaesthesia.....	4.44	4.74	4.52	4.86
	8.22	8.41	17.85	18.34
Diagnostic Radiology.....	2.14	2.10	3.06	2.95
Laboratory Services.....	4.74	4.33	0.59	0.52
Other Diagnostic and Therapeutic Services.....	12.10	11.91	10.27	11.03
Special and Miscellaneous Services ²	3.39	4.60	2.88	3.00
	22.37	22.94	16.80	17.50
In-Province Dental Services.....	0.15	0.15	0.39	0.37
In-Province Optometric Services.....	0.87	0.87	1.22	1.17
Refractions by Optometrists.....	0.77	0.77	1.17	1.12
Other Optometric Services.....	0.10	0.10	0.06	0.05
In-Province Chiropractic Services.....	6.66	6.38	2.94	2.64
Chiropractic Visit Services.....	6.64	6.37	2.93	2.63
Chiropractic X-Ray Services.....	0.02	0.02	0.02	0.01
Out-of-Province Services				
Physician Services.....	3.64	3.73	4.91	5.19
Dental Services.....	0.00	0.00	0.00	0.01
Optometrist Services.....	0.02	0.02	0.03	0.03
Chiropractic Services.....	0.17	0.18	0.07	0.07
All Services.....	100.00	100.00	100.00	100.00

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

Table 11
Payments (\$000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	6,666.0	82.8	21.3	250.0	972.0	4,410.7	866.4	43.6	19.3
Specialists									
Paediatricians and									
Medical Geneticists.....	596.7	2.6	1.0	20.8	33.2	522.3	14.1	2.5	0.2
Internists and Psychiatrists....	1,468.7	9.6	3.6	76.6	96.7	1,105.4	110.7	61.4	4.6
Neurologists.....	110.6	0.9	1.4	6.1	14.9	73.8	10.6	2.8	0.0
Psychiatrists.....	582.8	1.5	7.0	35.5	17.9	471.5	48.8	0.5	0.0
Dermatologists.....	81.6	0.7	1.9	4.0	3.6	63.7	7.1	0.6	0.0
Anaesthetists.....	1,339.6	4.6	8.1	94.3	87.2	1,003.2	57.9	82.1	2.2
General and									
Thoracic Surgeons.....	2,532.2	4.4	3.8	48.1	127.3	1,606.8	56.0	683.7	2.0
Orthopaedic Surgeons.....	430.9	3.7	6.2	18.6	31.4	310.1	40.5	19.0	1.4
Plastic and									
Reconstructive Surgeons...	297.5	0.2	3.1	16.7	12.6	200.3	5.8	58.8	0.0
Neurological Surgeons.....	133.0	0.0	2.5	36.7	8.3	64.2	9.1	12.3	0.0
Obstetricians and									
Gynaecologists.....	370.2	3.1	0.8	23.0	41.7	277.5	22.4	1.0	0.7
Urological Surgeons.....	144.1	1.5	1.3	23.4	9.7	94.8	9.7	2.9	0.6
Ophthalmologists.....	352.2	2.0	0.7	6.9	17.2	288.7	30.6	6.1	0.1
Otolaryngologists.....	286.7	0.7	0.4	10.3	3.8	233.0	16.9	21.4	0.2
Pathologists.....	1,708.1	0.1	0.1	50.5	20.6	1,538.8	87.8	9.7	0.5
Diagnostic Radiologists.....	977.3	1.2	1.6	45.4	69.6	743.3	27.1	88.3	0.7
All Physicians.....	18,078.2	119.7	65.0	767.0	1,567.8	13,008.1	1,421.5	1,096.7	32.6
Dentists.....	29.6	0.0	0.0	4.4	13.9	1.6	1.8	7.8	0.0
Optometrists.....	104.8	0.0	0.0	0.0	17.3	87.2	0.1	0.1	0.0
Chiropractors.....	240.7	0.2	0.2	6.6	91.6	134.1	4.9	2.7	0.4

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 10.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments (\$000's) to Saskatchewan Physicians for Services
Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	New-found-land	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	2,503.8	15.9	3.7	32.0	17.6	209.8	732.3	1,040.1	411.9	25.3	8.7	6.6
Specialists												
Paediatricians and												
Medical Geneticists.....	134.2	0.1	0.0	0.9	0.4	9.6	62.0	49.1	8.7	1.3	0.3	1.9
Internists and Physiatrists.....	338.1	0.5	0.2	2.8	2.5	28.4	127.1	121.2	51.0	2.6	0.5	1.2
Neurologists.....	38.3	0.1	0.3	0.3	0.2	3.1	13.4	14.5	5.5	0.8	0.2	0.0
Cardiologists.....	120.1	0.6	0.0	2.9	1.4	12.1	46.3	31.7	24.4	0.1	0.0	0.5
Psychiatrists.....	106.9	0.3	0.0	0.1	0.6	22.7	18.2	37.6	25.0	1.0	0.6	0.6
Dermatologists.....	15.9	0.2	0.0	0.2	0.0	1.1	5.4	5.9	2.4	0.4	0.1	0.2
Anaesthetists.....	283.7	0.1	0.2	4.2	1.2	16.9	94.2	132.6	26.1	3.6	3.1	1.6
General Surgeons.....	221.4	0.6	0.0	2.4	0.0	15.7	82.3	91.2	22.0	2.9	4.3	0.1
Cardiac Surgeons.....	31.9	0.0	0.0	0.6	0.8	5.0	10.3	6.1	9.2	0.0	0.0	0.0
Orthopaedic Surgeons.....	296.1	0.1	0.1	1.0	0.7	10.0	148.7	108.1	23.5	1.6	1.7	0.5
Plastic and												
Reconstructive Surgeons....	53.5	0.0	0.0	0.1	1.4	2.7	15.4	30.9	2.4	0.2	0.1	0.3
Neurological Surgeons.....	59.1	0.0	0.0	1.9	1.4	1.5	24.3	27.9	1.6	0.1	0.3	0.0
Obstetricians and												
Gynaecologists.....	357.3	0.2	0.1	1.8	0.3	15.8	199.2	117.4	16.6	3.3	0.1	2.5
Urological Surgeons.....	128.9	0.1	0.0	0.7	0.0	4.0	91.7	24.1	6.1	0.1	0.1	2.0
Ophthalmologists.....	371.1	0.1	0.0	0.6	0.4	5.1	315.4	36.3	12.6	0.7	0.0	0.0
Otolaryngologists.....	155.3	0.2	0.1	0.6	0.1	4.0	27.0	115.5	7.2	0.2	0.1	0.4
Pathologists.....	96.2	0.6	0.0	0.7	0.8	12.5	16.2	44.6	19.2	0.9	0.5	0.3
Diagnostic Radiologists.....	210.0	0.9	0.2	2.2	0.7	20.7	62.3	83.5	32.3	4.0	1.8	1.6
All Physicians.....	5,521.8	20.5	4.9	55.9	30.6	400.6	2,091.8	2,118.1	707.7	49.1	22.4	20.2

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 10.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments (\$000's) for Out-of-Province Hospital Services by Location and Type of Care

	Location of Services								Rest of the World
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	Columbia	British States	
Inpatient Treatment -- High Cost Procedures									
Special Out-of-Country.....	1,330.2	0.0	0.0	0.0	0.0	0.0	0.0	1,330.2	0.0
Intermediate/Complex Cardiovascular Paediatric.....	1,242.2	0.0	0.0	0.0	0.0	1,242.2	0.0	0.0	0.0
Defibrillator Pacemaker Implantation.....	956.2	0.0	0.0	33.4	0.0	922.8	0.0	0.0	0.0
Bone Marrow/Stem Cell Transplant.....	839.0	0.0	0.0	0.0	150.6	262.1	426.3	0.0	0.0
Lung Transplant.....	777.8	0.0	0.0	0.0	333.4	444.5	0.0	0.0	0.0
Kidney Transplant.....	746.9	0.0	0.0	0.0	39.0	707.9	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	732.3	0.0	0.0	21.8	25.5	685.0	0.0	0.0	0.0
Heart Transplant.....	526.5	0.0	0.0	0.0	0.0	526.5	0.0	0.0	0.0
Cochlear Implant.....	498.3	0.0	0.0	0.0	0.0	40.2	0.0	458.2	0.0
Liver Transplant.....	247.2	0.0	82.4	0.0	0.0	164.8	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s).....	230.3	0.0	0.0	9.1	14.4	199.3	7.4	0.0	0.0
Other Pacemaker Insertion or Replacement.....	111.9	6.4	0.0	9.3	17.3	75.4	3.5	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	265.1	1.9	0.0	0.4	17.9	203.0	35.1	2.6	4.2
II. Neoplasms.....	1,827.4	0.5	4.0	30.0	252.7	1,439.6	89.4	0.0	11.2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	442.8	4.4	0.0	4.5	31.3	363.8	38.5	0.2	0.1
IV. Diseases of Blood & Blood-Forming Organs.....	77.3	0.0	4.5	2.5	9.2	33.4	26.3	1.4	0.0
V. Mental Disorders.....	1,099.5	9.6	5.3	1.0	178.0	704.1	199.6	0.7	1.2
VI. Diseases of the Nervous System & Sense Organs.....	305.5	0.6	65.5	24.3	14.5	179.9	20.0	0.1	0.6
VII. Diseases of the Circulatory System.....	2,661.4	19.7	0.0	43.7	154.6	2,074.5	346.8	18.9	3.1
VIII. Diseases of the Respiratory System.....	1,043.3	20.7	0.0	20.8	53.5	789.7	147.7	8.6	2.3
IX. Diseases of the Digestive System.....	1,522.5	33.9	0.0	8.9	213.7	1,089.6	167.2	6.1	3.2
X. Diseases of the Genitourinary System.....	714.7	4.8	0.0	1.4	53.4	617.5	32.6	1.0	4.0
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	778.5	14.4	2.5	11.5	123.5	571.4	54.5	0.0	0.7
XII. Diseases of the Skin & Subcutaneous Tissue.....	122.9	7.6	0.0	8.5	17.3	68.2	18.9	0.7	1.7
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	790.2	14.6	62.9	9.5	50.6	602.4	49.1	0.9	0.2
XIV. Congenital Anomalies.....	653.4	0.0	13.6	43.3	17.3	603.1	-25.3	1.5	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	252.6	9.8	0.0	0.0	46.6	191.9	4.3	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	1,122.2	11.5	8.2	78.8	52.7	862.8	103.3	2.6	2.3
XVII. Injury and Poisoning (Nature).....	2,859.9	13.7	23.0	37.5	319.7	2,219.5	223.1	13.6	9.8
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	561.0	0.0	0.0	84.1	13.3	450.5	13.0	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	4,632.5	149.6	38.6	199.5	542.7	3,181.4	475.6	37.9	7.3
Day Care Surgery.....	780.1	3.2	4.0	28.4	156.0	527.2	60.0	1.1	0.2
Haemodialysis.....	95.6	1.5	1.1	3.5	20.9	56.1	11.4	1.2	0.0
Computerized Axial Tomography.....	229.8	2.0	2.2	6.6	47.4	155.0	16.4	0.2	0.0
Magnetic Resonance Imaging (MRI).....	234.0	0.7	3.3	24.2	15.1	177.7	12.4	0.7	0.0
Cancer Chemotherapy Visit.....	328.6	0.0	0.0	0.0	7.5	315.6	5.5	0.0	0.0
Other Outpatient Treatment.....	1,203.4	1.3	1.8	79.3	64.9	568.8	176.3	296.7	14.3
Total.....	31,512.9	332.2	322.8	826.0	3,054.3	23,317.5	2,739.1	854.7	66.3

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	Location of Services								Rest of the World
	All Locations	All Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	
Inpatient Treatment -- High Cost Procedures -- Cases									
Special Out-of-Country.....	28	0	0	0	0	0	0	28	0
Intermediate/Complex Cardiovascular Paediatric.....	49	0	0	0	0	49	0	0	0
Defibrillator Pacemaker Implantation.....	32	0	0	1	0	31	0	0	0
Bone Marrow/Stem Cell Transplant.....	10	0	0	0	2	2	6	0	0
Lung Transplant.....	7	0	0	0	3	4	0	0	0
Kidney Transplant.....	4	0	0	0	2	2	0	0	0
Cardiac Surgery with or without Valve Replacement.....	62	0	0	3	1	58	0	0	0
Heart Transplant.....	7	0	0	0	0	7	0	0	0
Cochlear Implant.....	12	0	0	0	0	12	0	0	0
Liver Transplant.....	3	0	1	0	0	2	0	0	0
Cardiac Catheterization with or without Stent(s).....	32	0	0	3	2	26	1	0	0
Other Pacemaker Insertion or Replacement.....	15	1	0	1	2	10	1	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases.....	65	1	0	1	5	33	6	6	13
II. Neoplasms.....	231	1	2	7	32	169	19	0	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	91	2	0	3	14	65	4	2	1
IV. Diseases of Blood & Blood-Forming Organs.....	27	0	1	1	2	17	4	2	0
V. Mental Disorders.....	205	7	1	3	23	123	42	3	3
VI. Diseases of the Nervous System & Sense Organs.....	120	1	5	5	11	79	16	1	2
VII. Diseases of the Circulatory System.....	549	7	0	7	40	333	96	57	9
VIII. Diseases of the Respiratory System.....	376	7	0	5	31	270	36	20	7
IX. Diseases of the Digestive System.....	476	8	0	10	77	307	44	19	11
X. Diseases of the Genitourinary System.....	203	3	0	2	30	143	12	5	8
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	378	5	2	10	67	274	18	0	2
XII. Diseases of the Skin & Subcutaneous Tissue.....	45	1	0	2	7	28	3	2	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	180	5	6	3	20	132	10	3	1
XIV. Congenital Anomalies.....	67	0	4	5	5	52	0	1	0
XV. Certain Conditions Originating in the Perinatal Period.....	66	1	0	0	12	51	2	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	327	5	3	9	35	217	37	11	10
XVII. Injury and Poisoning (Nature).....	715	7	5	8	105	447	86	36	21
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	327	0	0	8	17	297	5	0	0
Outpatient Treatment -- Services									
Standard Outpatient Visit.....	43,159	1,380	360	1,830	4,989	29,267	4,358	795	180
Day Care Surgery.....	1,970	8	10	72	391	1,326	150	11	2
Haemodialysis.....	455	7	5	16	97	255	52	23	0
Computerized Axial Tomography.....	1,166	10	12	35	240	780	86	3	0
Magnetic Resonance Imaging (MRI).....	362	1	5	37	23	276	19	1	0
Cancer Chemotherapy Visit.....	508	0	0	0	18	472	18	0	0
Other Outpatient Treatment.....	3,830	42	56	38	922	2,389	349	33	1
Total.....	56,159	1,510	478	2,125	7,225	38,005	5,480	1,062	274

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a**Payments (\$000's) for Out-of-Province Residents Hospitalized in Saskatchewan
By Place of Residence and Type of Care**

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Cardiac Catheterization with or without Stent(s).....	232.7	7.2	0.0	23.6	42.6	92.8	66.5
Cardiac Surgery with or without Valve Replacement.....	132.9	0.0	6.8	15.0	24.1	46.5	40.5
Pacemaker Insertion or Replacement.....	60.9	12.3	0.0	0.0	42.4	6.2	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	95.8	0.0	0.0	26.6	33.8	26.2	9.2
II. Neoplasms.....	531.2	1.5	0.4	13.8	277.2	166.9	71.4
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	195.9	4.4	0.0	13.1	58.3	104.8	15.4
IV. Diseases of Blood and Blood-Forming Organs.....	41.7	1.6	0.0	4.8	31.1	0.0	4.3
V. Mental Disorders.....	1,051.9	11.5	0.0	98.7	188.8	548.2	204.7
VI. Diseases of the Nervous System & Sense Organs.....	117.1	0.0	0.0	7.2	39.0	63.0	8.0
VII. Diseases of the Circulatory System.....	877.0	36.6	7.2	102.5	322.5	196.8	211.3
VIII. Diseases of the Respiratory System.....	527.4	17.6	4.5	37.3	168.4	216.7	82.9
IX. Diseases of the Digestive System.....	809.5	18.4	5.4	24.6	311.1	324.9	125.1
X. Diseases of the Genitourinary System.....	333.6	8.2	0.0	11.1	179.2	104.8	30.3
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	620.5	14.2	4.0	31.0	281.7	207.7	81.8
XII. Diseases of the Skin and Subcutaneous Tissue.....	106.2	0.0	0.0	14.9	45.8	34.1	11.5
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	416.2	5.8	0.0	2.2	264.2	123.9	20.0
XIV. Congenital Anomalies.....	23.4	0.0	0.0	2.5	15.2	5.3	0.4
XV. Certain Conditions Originating in the Perinatal Period.....	360.4	8.7	0.0	1.3	99.8	198.2	52.5
XVI. Symptoms, Signs, and Ill-defined Conditions.....	259.4	8.6	2.2	10.3	77.5	91.2	69.7
XVII. Injury and Poisoning (Nature). Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	1,309.8	75.4	-0.1	112.8	352.0	668.0	101.7
	571.7	36.8	0.8	10.2	143.7	270.1	110.1
Outpatient Treatment							
Standard Outpatient Visit.....	2,512.3	101.3	25.7	183.9	845.8	1,000.9	354.6
Day Care Surgery.....	592.4	5.6	0.4	14.0	387.2	158.0	27.2
Haemodialysis.....	46.2	0.2	0.0	2.4	0.4	20.2	22.9
Computerized Axial Tomography.....	48.6	2.0	0.2	3.8	21.8	15.8	5.0
Magnetic Resonance Imaging (MRI).....	48.5	0.7	0.7	2.6	22.3	18.3	3.9
Cancer Chemotherapy Visit.....	87.4	0.0	0.0	9.5	74.9	2.0	1.0
Other Outpatient Treatment.....	75.2	-0.2	0.2	3.5	38.4	18.6	14.7
Total.....	12,085.7	378.3	58.3	783.1	4,389.1	4,730.3	1,746.6

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b**Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care**

	All Locations	Maritimes & Territories	Home Province or Territory of Beneficiary				British Columbia
			Quebec	Ontario	Manitoba	Alberta	
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s).....	25	1	0	2	6	11	5
Cardiac Surgery with or without Valve Replacement.....	11	0	1	1	3	4	2
Pacemaker Insertion or Replacement.....	6	1	0	0	4	1	
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases.....	40	0	0	9	14	13	4
II. Neoplasms.....	106	1	1	7	63	24	10
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	58	1	0	4	19	31	3
IV. Diseases of Blood and Blood-Forming Organs.....	19	2	0	1	13	0	3
V. Mental Disorders.....	166	4	0	18	26	83	35
VI. Diseases of the Nervous System & Sense Organs.....	58	0	0	3	29	21	5
VII. Diseases of the Circulatory System.....	238	8	2	28	70	76	54
VIII. Diseases of the Respiratory System.....	213	7	3	13	65	96	29
IX. Diseases of the Digestive System.....	312	9	2	16	109	129	47
X. Diseases of the Genitourinary System.....	190	4	0	7	105	56	18
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	279	8	1	17	120	104	29
XII. Diseases of the Skin and Subcutaneous Tissue.....	40	0	0	4	13	17	6
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	141	3	0	1	83	46	8
XIV. Congenital Anomalies.....	11	0	0	1	6	3	1
XV. Certain Conditions Originating in the Perinatal Period.....	61	1	0	3	39	15	3
XVI. Symptoms, Signs, and Ill-defined Conditions.....	175	5	3	9	50	73	35
XVII. Injury and Poisoning (Nature).....	396	14	2	27	142	173	38
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	237	10	1	8	104	86	28
Outpatient Treatment -- Services							
Standard Outpatient Visit.....	23,093	940	235	1,769	7,741	9,177	3,231
Day Care Surgery.....	1,485	15	1	35	971	395	68
Haemodialysis.....	210	1	0	11	2	92	104
Computerized Axial Tomography.....	244	11	1	19	109	79	25
Magnetic Resonance Imaging (MRI).....	74	1	1	4	34	28	6
Cancer Chemotherapy Visit.....	112	0	0	12	87	9	4
Other Outpatient Treatment.....	1,185	48	5	101	403	422	206
Total.....	29,185	1,095	259	2,130	10,430	11,264	4,007

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	18.5	27.0	99.9	22.8	19.5	8.9	15.8	55.6	2.4
Special Eye Examination...	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	296.3	16.5	24.7	2.2	2.4	4.5	0.9	4.1	0.0
Other Assessments.....	4,138.7	35.5	65.4	3.0	9.0	12.6	13.6	32.4	1.1
Hospital									
Newborn, Premature.....	7.6	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other.....	286.9	20.4	124.7	6.8	18.2	14.2	0.0	19.7	0.0
Special Calls and Emergency									
Surcharges.....	249.0	6.3	17.8	2.6	2.1	1.8	0.5	10.1	0.1
Premiums.....	338.7	12.1	50.2	2.7	14.5	4.4	0.2	12.7	1.1
Psychotherapy									
Base Time ²	137.4	2.1	0.2	0.4	0.0	67.3	0.0	0.1	0.0
Additional Time.....	92.2	1.3	0.2	0.0	0.0	40.3	0.0	0.1	0.0
Major Surgery	5.1	0.0	0.1	0.3	0.0	0.0	0.2	17.4	6.9
Minor Surgery	173.2	0.5	0.3	0.0	0.1	0.0	14.5	7.4	0.1
Surgical Assistance	86.6	0.0	0.0	0.0	0.0	0.0	0.0	6.7	0.8
Obstetrics	9.9	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	64.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks & Epidurals...	5.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	465.4	0.9	2.0	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	1.9	2.1	14.5	0.0	22.9	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services	329.5	127.6	322.0	10.6	93.3	6.7	17.4	35.7	0.2
Special Services	146.1	0.1	0.3	0.0	0.0	0.0	1.2	13.2	0.0
Miscellaneous Services ³	354.0	3.0	10.8	1.2	1.1	4.5	1.0	2.1	0.0
Total Services	7,206.3	258.0	733.4	52.7	183.1	165.3	65.6	217.4	12.6

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel.

Table 15
(Continued)

Type of Physician									Total Services
Ortho- paedic Surgeons	Plastic and Recon- structive Surgeons	Neuro- logical Surgeons	Obstetri- cians and Gynaeco- logists	Urological Surgeons	Ophthal- mologists	Otolaryn- gologists	Anaes- thetists	Pathologists and Diagnostic Radiologists	
40.6	16.5	8.4	43.1	16.4	37.0	26.4	11.4	0.1	470.4
0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	1.7
2.7	0.1	0.1	9.5	6.4	27.2	8.6	0.0	0.0	406.3
28.6	4.8	2.4	59.1	8.4	56.7	22.4	2.5	0.0	4,496.4
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.5
2.2	0.3	2.1	2.9	0.4	0.2	0.4	0.0	0.0	499.4
5.7	1.0	1.3	9.7	1.2	1.2	1.1	15.7	0.4	327.7
9.0	2.0	2.0	14.0	1.7	1.8	0.8	97.8	0.6	566.2
0.1	0.0	0.0	1.9	0.1	0.0	0.0	0.0	0.0	209.6
0.0	0.0	0.0	2.1	0.1	0.0	0.0	0.0	0.0	136.2
17.2	6.7	2.6	6.4	5.3	32.8	7.2	0.0	0.0	108.1
2.0	8.9	0.0	1.9	1.6	8.3	2.7	0.0	0.1	221.7
1.1	1.1	0.7	3.6	1.5	0.0	0.3	0.0	0.0	102.4
0.0	0.0	0.0	13.7	0.0	0.0	0.0	0.0	0.0	24.4
0.0	0.0	0.0	0.0	0.0	0.0	0.0	477.2	0.0	541.3
0.0	0.0	0.2	0.0	0.0	0.0	0.0	41.5	0.0	47.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	260.7	260.7
0.0	0.0	0.0	23.7	1.5	0.0	0.0	0.0	44.8	538.5
0.0	0.0	0.0	11.4	0.0	11.4	0.0	0.0	87.6	151.8
9.7	0.9	0.2	23.2	13.9	192.1	109.2	9.2	27.3	1,328.7
0.0	0.4	0.0	20.5	0.0	0.0	0.0	0.0	0.0	181.9
0.3	0.0	0.1	4.3	3.2	3.2	0.5	0.0	0.3	389.8
119.2	42.8	20.1	251.2	61.5	373.6	179.7	655.4	421.9	11,019.9

Table 16

Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2001-02 to 2002-03
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	371,487	150.16	6,826.52	362.49	0.73
Allergy Investigations and Hyposensitization Injections.....	307,547	10.28	583.37	300.10	-6.96
Submission of Papanicolaou Smear.....	128,671	225.42 ^f	1,225.01 ^f	249.78 ^f	-2.20
Artificial Extra Corporeal Haemodialysis.....	60,375	0.73	2,081.79	58.91	3.37
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	29,633	24.29	1,203.59	28.92	-1.09
Plantar Wart Excision or Fulguration.....	27,624	12.92	416.29	26.95	-4.21
Suturing of Wounds.....	25,869	23.64	1,132.69	25.24	-8.38
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	17,518	10.97	242.57	17.09	2.59
Cataract Extraction.....	11,679	8.50	4,725.23	11.40	8.79
Delivery - Vaginal.....	8,757	16.78 ^f	6,623.37 ^f	17.00 ^f	-5.56
- Caesarean.....	2,083	4.03 ^f	1,860.01 ^f	4.04 ^f	3.38
Cystoscopy.....	10,762	8.66	731.05	10.50	-4.86
Fractures, Open Surgical or Closed Reduction.....	6,154	5.22	1,366.39	6.00	3.30
Psychological Testing.....	5,720	3.18	198.94	5.58	-15.60
Sigmoidoscopy.....	5,377	4.82	250.30	5.25	-7.60
Cardiac Catheterization.....	4,916	3.70	483.08	4.80	3.77
Electroencephalograms or Echoencephalograms.....	4,226	3.70	90.89	4.12	3.22
Hernia Repair.....	4,143	3.53	1,295.19	4.04	14.19
Gall Bladder or Other Biliary Tract Surgery.....	2,835	2.74	1,295.49	2.77	0.53
Arthroplasty - Total Hip Replacement.....	1,114	0.96	722.61	1.09	8.78
- Total Knee Replacement.....	1,142	0.97	732.99	1.11	5.06
Vasectomy.....	1,983	3.88 ^m	693.47 ^m	3.89 ^m	-1.06
Hysterectomy - Abdominal.....	1,258	2.44 ^f	931.61 ^f	2.44 ^f	3.80
- Vaginal.....	526	1.02 ^f	413.22 ^f	1.02 ^f	28.61
Therapeutic Abortion.....	1,724	3.26 ^f	440.59 ^f	3.35 ^f	-3.03
Tubal Ligation.....	1,603	3.10 ^f	541.09 ^f	3.11 ^f	0.89
Dilatation and Curettage.....	1,523	2.90 ^f	332.93 ^f	2.96 ^f	-8.47
Varicose Veins (Ligation).....	1,433	0.62	211.02	1.40	36.08
Tonsillectomy (With or Without Adenoidectomy).....	1,236	1.20	210.16	1.21	3.86
Electroconvulsive Therapy.....	1,017	0.19	43.81	0.99	-9.92
Appendectomy.....	997	0.97	290.09	0.97	1.52
Prostatectomy (With or Without Vasectomy).....	966	1.87 ^m	1,132.53 ^m	1.90 ^m	-15.72
Genital Prolapse Repair.....	920	1.53 ^f	498.01 ^f	1.79 ^f	8.62
Coronary By-Pass.....	834	0.81	1,900.10	0.81	5.03
Septoplasty or Submucous Resection.....	792	0.77	215.99	0.77	23.75
Spinal Disc Excision.....	753	0.71	456.11	0.73	-7.16
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy.....	537	1.02 ^f	310.68 ^f	1.04 ^f	-0.73
Strabismus Operation.....	183	0.18	97.04	0.18	55.08
Peptic Ulcer Surgery.....	165	0.14	91.99	0.16	-13.16

^f Rate per 1,000 female beneficiaries.^m Rate per 1,000 male beneficiaries.

Table 17

Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	468	198.5	10,259	457
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	429	220.3	8,678	419
Hypertension.....	401 - 405	371	114.6	8,504	362
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	319	75.9	8,688	312
Ischaemic Heart Disease.....	410 - 414	222	31.1	10,117	217
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	213	81.1	6,075	208
Diabetes Mellitus.....	250	181	37.9	3,992	177
Rheumatic Disease.....	725 - 729	177	91.1	4,768	173
Arthritis.....	710 - 716	159	56.7	5,064	155
Psychoses.....	295 - 299	149	16.7	4,429	145
Otitis Media.....	381 & 382	143	60.6	2,966	140
Asthma.....	493	142	39.5	2,432	139
Bronchitis.....	466, 490 & 491	136	75.0	2,846	133
Neuroses.....	300	132	54.1	3,047	129
Eczema.....	690 - 692	120	61.0	2,222	117
Symptomatic Heart Disease.....	428 & 429	109	20.3	2,895	106
Cataract.....	366	109	20.9	6,623	106
Vertebrogenic Pain Syndrome.....	724	109	50.8	2,827	106
Cardiac Disrhythmias.....	427	102	19.2	2,627	99
Diarrheal Disease.....	009	85	41.6	2,026	83
Glaucoma.....	365	78	16.3	1,735	76
Hay Fever.....	477	75	10.2	523	73
Disorders of Menstruation.....	Z08 ² & 626	73	57.5 [†]	3,508 [†]	142 [†]
Cerebrovascular Disease.....	430 - 438	69	9.7	1,934	68
Pneumonia.....	480 - 486	66	16.3	1,615	65
Cellulitis and Abscess.....	681 & 682	61	25.7	1,355	60
Anaemias.....	280 - 285	56	18.2	1,418	55
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	55	45.1 [†]	2,377 [†]	108 [†]
Chronic Airways Obstruction.....	496	47	9.5	1,161	46
Myxedema.....	244	41	21.7	866	40
Menopausal Symptoms.....	627	39	39.1 [†]	1,699 [†]	76 [†]
Gastritis and Duodenitis.....	535	38	21.0	840	37
Migraine.....	346	33	13.1	731	32
Alzheimer's Disease and Other Cerebral Degenerations.....	331	28	3.1	606	27
Disorders of Functions of Stomach.....	536 & 537	23	13.7	600	23
Varicose Veins of Lower Extremity.....	454	23	4.6	618	22
Influenza.....	487	20	14.6	381	19
Hyperkinetic Syndrome of Childhood (ADHD).....	314	17	4.5	521	17
Obesity.....	278	15	7.6	446	15
Epilepsy.....	345	14	4.5	349	14
Alcoholic Psychosis and Alcoholism.....	291 & 303	14	3.8	326	14
Multiple Sclerosis.....	340	13	2.0	336	12
Ulcers of Duodenum and Stomach.....	531 - 534	11	5.8	293	10

¹ Ninth Revision International Classification of Diseases, 1977.² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.[†] Rate per 1,000 female beneficiaries.

Note: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18
Turnover of Physicians

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1997-98 ¹	653		434		1,087	
		10.4		8.8		9.8
Still Practising in 1998-99 ²	585		396		981	
Practising in 1998-99 ¹	674		439		1,113	
		11.1		6.4		9.3
Still Practising in 1999-00 ²	599		411		1,010	
Practising in 1999-00 ¹	693		443		1,136	
		12.1		8.1		10.6
Still Practising in 2000-01 ²	609		407		1,016	
Practising in 2000-01 ¹	735		440		1,175	
		18.4		2.0		12.3
Still Practising in 2001-02 ²	600		431		1,031	
Practising in 2001-02 ¹	706		497		1,203	
		11.6		10.9		11.3
Still Practising in 2002-03 ²	624		443		1,067	
Practising in 2002-03 ¹	715		496		1,211	

¹ Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2002-03 was 144, the difference between "Practising" (1,211) and "Still Practising" (1,067).

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights" - page 4).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	2001-02	2002-03	2001-02	2002-03	2001-02	2002-03	2001-02	2002-03	2001-02	2002-03
General Practitioner⁴	705	716	1.5	1.4	2.6	2.6	6.7	6.6	81.7	81.0
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	37	39	27.7	26.3	1.3	1.2	2.7	2.5	4.0	3.8
Internists and Psychiatrists.....	91	96	11.3	10.7	1.8	1.9	4.2	4.1	11.5	12.2
Neurologists.....	12	13	85.4	78.8	2.3	2.2	3.1	2.9	2.6	2.5
Cardiologists.....	13	14	78.8	73.2	4.1	3.8	4.8	4.7	3.9	3.8
Psychiatrists.....	32	31	32.0	33.1	0.5	0.5	3.0	2.8	1.5	1.5
Dermatologists.....	5	4	205.0	256.2	4.1	4.6	7.9	8.6	2.0	1.8
Anaesthetists.....	67	73	15.3	14.0	1.0	1.1	1.2	1.2	5.3	5.9
General Surgeons.....	50	51	20.5	20.1	1.4	1.3	2.8	2.7	6.1	5.9
Cardiac Surgeons.....	6	7	170.8	146.4	0.5	0.4	0.8	0.7	0.3	0.3
Orthopaedic Surgeons.....	30	26	34.2	39.4	1.6	1.6	2.9	2.8	4.5	4.3
Plastic and										
Reconstructive Surgeons.....	10	13	102.5	78.8	1.7	1.4	2.6	2.2	1.7	1.7
Neurological Surgeons.....	6	8	170.8	128.1	1.2	0.9	2.3	1.7	0.7	0.7
Obstetricians and										
Gynaecologists.....	43	38	23.8	27.0	1.4	1.4	3.2	3.2	4.7	4.6
Urological Surgeons.....	15	13	68.3	78.8	1.7	1.8	3.0	3.0	2.3	2.2
Ophthalmologists.....	29	29	35.3	35.3	2.7	2.7	5.6	5.9	7.0	7.1
Otolaryngologists.....	12	11	85.4	93.2	3.1	3.2	5.9	6.0	3.6	3.4
Pathologists and										
Diagnostic Radiologists.....	35	37	29.3	27.7	6.9	6.6	0.2	0.2	18.9	18.8
All Specialists⁴	493	503	2.1	2.0	2.0	2.0	3.0	2.9	42.5	42.5
All Physicians⁴	1,198	1,219	0.9	0.8	2.4	2.3	5.2	5.1	83.7	83.0
Licensed Physicians ⁵	1,622	1,629	0.6	0.6	--	--	--	--	--	--

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of different persons on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Licensed physicians includes temporary licensed locum physicians and excludes house officers in hospital and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less than 500	500-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association.....	279	2	6	48	42	44	43	19	75
Metro Solo.....	63	5	9	13	8	6	4	5	13
Urban Association.....	111	2	4	9	9	20	20	10	37
Urban Solo.....	33	2	2	4	4	5	6	4	6
Rural Association.....	163	1	4	17	38	37	43	13	10
Rural Solo.....	67	0	5	23	19	11	6	2	1
All General Practitioners 2002-03.....	716	12	30	114	120	123	122	53	142
All General Practitioners 2001-02.....	705	5	32	107	122	134	104	67	134
Specialists									
Paediatricians and Medical Geneticists.....	39	1	18	12	2	4	1	1	0
Internists and Psychiatrists.....	96	8	29	12	11	9	9	5	13
Neurologists.....	13	0	2	3	1	2	1	2	2
Cardiologists.....	14	0	0	2	0	2	2	1	7
Psychiatrists.....	31	20	7	3	1	0	0	0	0
Dermatologists.....	4	0	0	0	0	0	0	1	3
Anaesthetists.....	73	3	33	30	6	1	0	0	0
General Surgeons.....	51	3	13	18	12	4	0	1	0
Cardiac Surgeons.....	7	5	2	0	0	0	0	0	0
Orthopaedic Surgeons.....	26	0	4	5	12	4	1	0	0
Plastic and Reconstructive Surgeons.....	13	2	3	3	1	3	1	0	0
Neurological Surgeons.....	8	2	3	2	0	1	0	0	0
Obstetricians and Gynaecologists.....	38	1	11	7	11	6	1	0	1
Urological Surgeons.....	13	0	2	3	5	1	1	0	1
Ophthalmologists.....	29	1	0	1	4	8	3	6	6
Otolaryngologists.....	11	0	0	2	1	0	2	1	5
Pathologists and Diagnostic Radiologists.....	37	2	0	2	1	2	3	3	24
All Specialists 2002-03.....	503	48	127	105	68	47	25	21	62
All Specialists 2001-02.....	493	45	113	107	71	53	21	19	64
All Physicians 2002-03.....	1,219	60	157	219	188	170	147	74	204
All Physicians 2001-02.....	1,198	50	145	214	193	187	125	86	198

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association.....	279	15	65	62	72	39	16	10
Metro Solo.....	63	15	14	13	5	6	6	4
Urban Association.....	111	4	13	20	33	22	11	8
Urban Solo.....	33	4	3	5	5	6	5	5
Rural Association.....	163	3	33	31	42	29	14	11
Rural Solo.....	67	0	8	20	14	14	5	6
All General Practitioners 2002-03.....	716	41	136	151	171	116	57	44
All General Practitioners 2001-02.....	705	27	144	141	162	125	64	42
Specialists								
Paediatricians and Medical Geneticists.....	39	19	16	1	2	1	0	0
Internists and Physiatrists.....	96	31	26	19	8	8	1	3
Neurologists.....	13	5	5	3	0	0	0	0
Cardiologists.....	14	2	4	5	1	2	0	0
Psychiatrists.....	31	18	7	3	1	1	0	1
Dermatologists.....	4	0	0	1	1	1	1	0
Anaesthetists.....	73	68	5	0	0	0	0	0
General Surgeons.....	51	14	29	7	1	0	0	0
Cardiac Surgeons.....	7	7	0	0	0	0	0	0
Orthopaedic Surgeons.....	26	5	20	1	0	0	0	0
Plastic and Reconstructive Surgeons.....	13	5	6	2	0	0	0	0
Neurological Surgeons.....	8	5	3	0	0	0	0	0
Obstetricians and Gynaecologists.....	38	13	14	9	2	0	0	0
Urological Surgeons.....	13	1	10	1	1	0	0	0
Ophthalmologists.....	29	1	7	6	10	3	1	1
Otolaryngologists.....	11	1	1	3	5	1	0	0
Pathologists and Diagnostic Radiologists.....	37	37	0	0	0	0	0	0
All Specialists 2002-03.....	503	232	153	61	32	17	3	5
All Specialists 2001-02.....	493	200	172	62	35	14	6	4
All Physicians 2002-03.....	1,219	273	289	212	203	133	60	49
All Physicians 2001-02.....	1,198	227	316	203	197	139	70	46

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of Physi- cians ³	Canada		U.S.A.,	United	Conti- nental Europe	Asia	Africa	Australia
		Sask.	Other Prov.	Central and South America	Kingdom and Eire				
General Practitioners									
Metro Association.....	279	135	17	4	32	4	43	42	2
Metro Solo.....	63	21	3	2	11	2	12	12	0
Urban Association.....	111	24	5	1	13	2	12	54	0
Urban Solo.....	33	8	1	1	6	0	7	10	0
Rural Association.....	163	42	6	0	10	4	9	92	0
Rural Solo.....	67	9	2	1	14	0	6	34	1
All General Practitioners 2002-03.....	716	239	34	9	86	12	89	244	3
All General Practitioners 2001-02.....	705	232	37	9	90	10	87	239	1
Specialists									
Paediatricians and Medical Geneticists.....	39	10	10	3	6	1	6	3	0
Internists and Physiatrists.....	96	28	19	6	7	6	13	17	0
Neurologists.....	13	3	1	1	2	0	4	2	0
Cardiologists.....	14	4	1	0	0	2	4	3	0
Psychiatrists.....	31	11	3	1	3	0	10	2	1
Dermatologists.....	4	2	0	0	0	0	0	2	0
Anaesthetists.....	73	32	15	0	4	1	10	11	0
General Surgeons.....	51	19	11	1	5	0	9	6	0
Cardiac Surgeons.....	7	1	5	1	0	0	0	0	0
Orthopaedic Surgeons.....	26	11	4	0	3	0	4	4	0
Plastic and Reconstructive Surgeons...	13	7	4	0	0	0	1	1	0
Neurological Surgeons.....	8	1	1	0	0	0	3	3	0
Obstetricians and Gynaecologists.....	38	18	3	1	2	1	5	8	0
Urological Surgeons.....	13	4	6	0	0	0	1	1	1
Ophthalmologists.....	29	13	2	2	6	0	0	6	0
Otolaryngologists.....	11	7	0	0	1	0	2	1	0
Pathologists and Diagnostic Radiologists.....	37	19	7	0	5	1	2	2	1
All Specialists 2002-03.....	503	190	92	16	44	12	74	72	3
All Specialists 2001-02.....	493	184	90	14	46	12	73	71	3
All Physicians 2002-03.....	1,219	429	126	25	130	24	163	316	6
Per Cent Distribution 2002-03.....	100%	35%	10%	2%	11%	2%	13%	26%	0%
All Physicians 2001-02.....	1,198	416	127	23	136	22	160	310	4
Per Cent Distribution 2001-02.....	100%	35%	11%	2%	11%	2%	13%	26%	0%

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	279	33	77	91	52	26
Metro Solo.....	63	3	9	19	20	12
Urban Association.....	111	27	42	23	13	6
Urban Solo.....	33	1	9	4	15	4
Rural Association.....	163	49	49	29	31	5
Rural Solo.....	67	10	20	11	16	10
All General Practitioners 2002-03.....	716	123	206	177	147	63
All General Practitioners 2001-02.....	705	148	198	178	124	57
Specialists						
Paediatricians and Medical Geneticists.....	39	4	9	11	8	7
Internists and Physiatrists.....	96	9	26	29	26	6
Neurologists.....	13	1	3	4	2	3
Cardiologists.....	14	0	7	3	4	0
Psychiatrists.....	31	0	9	6	8	8
Dermatologists.....	4	0	2	0	2	0
Anaesthetists.....	73	6	32	25	7	3
General Surgeons.....	51	2	23	12	10	4
Cardiac Surgeons.....	7	2	2	2	0	1
Orthopaedic Surgeons.....	26	2	6	12	4	2
Plastic and Reconstructive Surgeons.....	13	1	4	3	3	2
Neurological Surgeons.....	8	1	1	4	1	1
Obstetricians and Gynaecologists.....	38	4	10	15	7	2
Urological Surgeons.....	13	1	2	5	3	2
Ophthalmologists.....	29	4	8	9	5	3
Otolaryngologists.....	11	0	2	5	2	2
Pathologists and Diagnostic Radiologists.....	37	2	12	15	6	2
All Specialists 2002-03.....	503	39	158	160	98	48
All Specialists 2001-02.....	493	49	169	136	97	42
All Physicians 2002-03.....	1,219	162	364	337	245	111
Per Cent Distribution 2002-03.....	100%	13%	30%	28%	20%	9%
All Physicians 2001-02.....	1,198	197	367	314	221	99
Per Cent Distribution 2001-02.....	100%	16%	31%	26%	18%	8%

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 24**Average Payment¹ (\$000's) Per Resident Physician² by Specialty and Range of Paid Amount**

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	240.1	1,219	197.4	716	301.0	503
Highest Paid.....	1,187.9		599.3		1,187.9	
Less than \$ 60,000.....	26.2	223	26.9	142	25.1	81
\$ 60,000 - \$ 74,999.....	67.5	61	67.6	46	67.2	15
\$ 75,000 - \$ 99,999.....	86.9	96	87.1	64	86.4	32
\$100,000 - \$124,999.....	113.1	107	113.0	67	113.2	40
\$125,000 - \$149,999.....	137.3	104	137.6	61	136.9	43
\$150,000 - \$174,999.....	163.0	95	162.1	66	165.0	29
\$175,000 - \$199,999.....	186.6	121	186.7	88	186.3	33
\$200,000 - \$249,999.....	224.5	193	224.4	132	224.8	61
\$250,000 - \$299,999.....	272.1	157	269.9	105	276.5	52
\$300,000 - \$349,999.....	324.6	87	324.7	45	324.4	42
Over \$350,000.....	512.8	198	403.9	42	542.1	156
Total.....	207.1	1,442	169.2	858	262.7	584

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	171.3	342	227.9	144	217.0	230
Highest Paid.....	390.4		599.3		545.4	
Less than \$ 60,000.....	29.3	82	28.8	15	21.8	45
\$ 60,000 - \$ 74,999.....	67.7	29	68.1	6	67.0	11
\$ 75,000 - \$ 99,999.....	88.7	41	85.0	9	83.9	14
\$100,000 - \$124,999.....	111.9	45	112.9	9	116.8	13
\$125,000 - \$149,999.....	136.9	31	138.8	9	138.2	21
\$150,000 - \$174,999.....	162.4	43	161.1	9	161.6	14
\$175,000 - \$199,999.....	187.3	41	186.9	15	185.8	32
\$200,000 - \$249,999.....	226.2	61	222.6	28	223.0	43
\$250,000 - \$299,999.....	269.1	27	270.5	32	269.8	46
\$300,000 - \$349,999.....	324.1	20	329.0	10	322.7	15
Over \$350,000.....	375.7	4	408.4	17	405.7	21
Total.....	143.9	424	209.1	159	185.0	275

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	152.1	39	268.9	96	556.3	14
Highest Paid.....	415.7		945.0		1,084.4	
Less than \$ 60,000.....	14.2	14	30.3	24	--	--
\$ 60,000 - \$ 74,999.....	63.9	5	69.6	5	--	--
\$ 75,000 - \$ 99,999.....	84.4	6	90.3	6	80.6	1
\$100,000 - \$124,999.....	115.7	8	114.9	13	--	--
\$125,000 - \$149,999.....	135.2	7	137.8	7	129.8	1
\$150,000 - \$174,999.....	158.8	4	162.3	4	--	--
\$175,000 - \$199,999.....	--	--	185.7	11	--	--
\$200,000 - \$249,999.....	214.0	4	225.7	7	--	--
\$250,000 - \$299,999.....	252.2	1	286.1	8	--	--
\$300,000 - \$349,999.....	335.9	1	333.7	8	337.7	2
Over \$350,000.....	385.6	3	490.1	27	690.2	10
Total	115.7	53	221.2	120	556.3	14

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	228.6	13	208.6	31	357.4	4
Highest Paid.....	513.6		681.9		470.5	
Less than \$ 60,000.....	19.5	2	33.6	8	23.6	2
\$ 60,000 - \$ 74,999.....	--	--	67.4	1	--	--
\$ 75,000 - \$ 99,999.....	95.3	2	89.7	6	--	--
\$100,000 - \$124,999.....	122.7	1	108.6	5	--	--
\$125,000 - \$149,999.....	138.7	3	133.7	5	--	--
\$150,000 - \$174,999.....	--	--	166.8	2	--	--
\$175,000 - \$199,999.....	178.7	1	179.5	2	--	--
\$200,000 - \$249,999.....	205.2	2	217.6	2	--	--
\$250,000 - \$299,999.....	--	--	270.2	3	--	--
\$300,000 - \$349,999.....	--	--	--	--	319.7	3
Over \$350,000.....	413.5	4	542.1	5	470.5	1
Total	200.8	15	172.7	39	246.1	6

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

3) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

Table 24 (Continued)**Average Payment¹ (\$000's) Per Resident Physician² by Specialty and Range of Paid Amount**

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	237.1	73	304.7	51	441.8	7
Highest Paid.....	559.4		557.6		708.4	
Less than \$ 60,000.....	29.7	3	32.0	8	--	--
\$ 60,000 - \$ 74,999.....	--	--	--	--	--	--
\$ 75,000 - \$ 99,999.....	78.9	2	87.3	2	--	--
\$100,000 - \$124,999.....	108.5	3	114.9	4	--	--
\$125,000 - \$149,999.....	140.4	3	134.1	4	138.0	1
\$150,000 - \$174,999.....	164.5	8	165.8	2	171.2	1
\$175,000 - \$199,999.....	189.0	8	--	--	--	--
\$200,000 - \$249,999.....	220.2	22	231.6	5	--	--
\$250,000 - \$299,999.....	276.3	15	278.7	10	--	--
\$300,000 - \$349,999.....	320.7	6	322.5	5	--	--
Over \$350,000.....	443.5	6	446.4	19	556.7	5
Total.....	228.9	76	267.8	59	441.8	7

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	305.8	26	254.6	13	280.2	8
Highest Paid.....	496.9		532.5		581.4	
Less than \$ 60,000.....	36.6	1	--	--	35.5	2
\$ 60,000 - \$ 74,999.....	--	--	71.2	1	--	--
\$ 75,000 - \$ 99,999.....	--	--	80.6	2	--	--
\$100,000 - \$124,999.....	--	--	--	--	100.7	1
\$125,000 - \$149,999.....	127.0	1	146.7	1	138.7	2
\$150,000 - \$174,999.....	166.4	2	171.9	1	--	--
\$175,000 - \$199,999.....	181.6	1	--	--	181.4	1
\$200,000 - \$249,999.....	228.8	7	227.2	3	244.8	1
\$250,000 - \$299,999.....	287.5	3	--	--	--	--
\$300,000 - \$349,999.....	327.6	4	345.6	1	--	--
Over \$350,000.....	442.0	8	432.8	4	479.0	3
Total.....	295.9	27	254.6	13	231.2	10

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

² Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	277.5	38	322.1	13	497.6	29
Highest Paid.....	992.9		833.9		1,034.3	
Less than \$ 60,000.....	23.5	6	--	--	57.4	1
\$ 60,000 - \$ 74,999.....	--	--	--	--	64.9	1
\$ 75,000 - \$ 99,999.....	83.3	4	--	--	81.9	1
\$100,000 - \$124,999.....	112.3	4	--	--	--	--
\$125,000 - \$149,999.....	137.7	5	--	--	143.3	2
\$150,000 - \$174,999.....	160.5	1	--	--	173.8	1
\$175,000 - \$199,999.....	189.3	3	181.6	2	190.4	1
\$200,000 - \$249,999.....	--	--	--	--	225.7	2
\$250,000 - \$299,999.....	268.9	4	268.9	5	--	--
\$300,000 - \$349,999.....	317.9	3	313.5	4	329.7	1
Over \$350,000.....	451.2	14	612.9	2	642.6	20
Total.....	242.9	44	322.1	13	483.0	30

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	359.3	11	498.7	37
Highest Paid.....	682.7		1,187.9	
Less than \$ 60,000.....	--	--	9.9	10
\$ 60,000 - \$ 74,999.....	--	--	68.1	2
\$ 75,000 - \$ 99,999.....	--	--	--	--
\$100,000 - \$124,999.....	110.3	1	--	--
\$125,000 - \$149,999.....	--	--	137.7	1
\$150,000 - \$174,999.....	--	--	169.7	3
\$175,000 - \$199,999.....	186.6	1	191.7	2
\$200,000 - \$249,999.....	241.7	3	242.3	3
\$250,000 - \$299,999.....	--	--	271.2	3
\$300,000 - \$349,999.....	325.5	1	309.5	3
Over \$350,000.....	520.8	5	740.8	20
Total.....	359.3	11	394.7	47

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

3) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

Table 25

Average Payment (\$000's) Per Physician by Specialty, 1997-98 to 2002-03

Type of Physician ¹	Average Payment ² (\$000'S)						Average Annual
	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	Per Cent Change 1997-98 to 2002-03
General Practitioners							
Metro Association.....	155.8	157.3	162.0	159.8	164.3	169.4	1.71
Metro Solo.....	163.3	165.0	172.7	170.9	175.2	179.8	1.96
Urban Association.....	212.2	224.9	237.2	218.3	219.7	220.5	0.89
Urban Solo.....	220.0	234.9	220.8	212.4	247.2	252.8	3.13
Rural Association.....	213.4	221.1	233.5	223.5	206.3	216.7	0.46
Rural Solo.....	191.3	229.5	220.6	211.8	210.1	217.6	2.97
All General Practitioners	184.6	194.3	198.5	191.3	191.6	197.4	1.39
Specialists							
Paediatricians and Medical Geneticists...	157.5	150.2	148.7	156.1	151.1	152.1	-0.63
Internists and Physiatrists.....	233.9	249.5	247.7	233.4	253.5	268.9	2.97
Neurologists.....	226.1	233.3	231.3	238.8	237.6	228.6	0.26
Cardiologists.....	427.7	450.8	537.3	561.8	567.8	556.3	5.64
Psychiatrists.....	195.9	209.4	196.9	205.0	210.8	208.6	1.36
Dermatologists.....	215.5	321.7	289.7	310.3	311.1	357.4	12.32
Anaesthetists.....	192.1	190.2	198.5	200.9	215.1	237.1	4.37
General Surgeons.....	249.2	273.7	276.7	291.7	298.8	304.7	4.15
Cardiac Surgeons.....	476.8	563.7	526.8	480.0	505.5	441.8	-0.90
Orthopaedic Surgeons.....	286.9	280.7	305.2	308.9	286.2	305.8	1.46
Plastic and Reconstructive Surgeons.....	224.2	243.4	239.0	277.4	286.0	254.6	2.99
Neurological Surgeons.....	260.1	330.0	391.7	325.1	347.7	280.2	3.22
Obstetricians and Gynaecologists.....	270.3	260.4	275.4	275.1	250.8	277.5	0.76
Urological Surgeons.....	257.0	282.6	291.1	323.2	294.6	322.1	4.90
Ophthalmologists.....	455.3	511.1	498.5	500.3	452.9	497.6	2.11
Otolaryngologists.....	389.2	432.7	429.6	391.2	337.2	359.3	-1.15
Pathologists and Diagnostic Radiologists.....	366.2	401.1	468.3	499.1	499.2	498.7	6.56
All Specialists	265.5	279.9	288.3	292.3	290.0	301.0	2.57
Spec. less Pathologists & Radiologists.....	255.9	267.8	272.0	274.3	274.0	285.3	2.21
All Physicians	217.5	228.2	233.9	230.4	232.1	240.1	2.02
Phys. less Pathologists & Radiologists.....	212.1	221.8	226.0	221.8	224.1	232.0	1.84

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of District Health Boards. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

4) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

5) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 26
Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	155	171.8	54	351.9	62	364.7	33	385.7
Saskatoon ³	187	170.9	119	207.9	94	341.1	64	316.6
Moose Jaw	29	216.6	3	596.9	6	330.1	2	**
Prince Albert	47	206.4	8	236.7	15	238.8	8	239.2
Yorkton	11	299.0	4	222.3	6	309.8	--	--
Swift Current	17	194.6	4	265.5	6	228.6	2	**
North Battleford	17	288.7	2	**	3	209.8	--	--
Estevan	11	281.8	--	--	--	--	--	--
Weyburn	12	185.4	--	--	--	--	--	--
All Other Locations	230	217.0	3	182.9	4	288.3	1	**
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year ²	677	200.5	193	253.7	191	334.8	109	326.1
2. Resident Full Year ²	672	202.7	190	260.5	180	348.4	106	332.6
3. Resident and Active in Two Consecutive Years ²	627	197.2	176	254.3	175	332.1	98	318.1
4. Resident During Any Portion of the Year and Earning \$60,000 or More ..	757	193.4	204	250.7	215	318.9	112	322.5
5. Person-Year Equivalents and Earning \$60,000 or More ⁴	727.1	201.4	198.9	257.1	201.8	339.8	109.8	328.9
6. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	608	214.6	169	282.7	170	361.5	99	343.2
7. Resident at Year End and Not in Teaching Institutions ²	705	198.4	129	303.7	160	338.8	82	359.4
C. By Age Group:²								
Under 35	123	174.2	14	140.3	17	342.7	8	202.7
35 - 44	206	205.9	56	219.3	58	339.7	44	266.6
45 - 54	177	201.5	53	292.1	67	355.7	40	362.5
55 - 64	147	210.0	50	300.9	35	344.1	13	457.3
65 + ...	63	173.7	24	234.4	19	202.6	5	392.1

¹ Physicians are grouped as follows:

- . Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- . Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- . Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Table 27
Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	4	2	\$320,149	\$654,648	\$974,797
2 Five Hills.....	5	5	\$572,060	\$340,656	\$912,716
3 Cypress.....	6	3	\$688,570	\$541,588	\$1,230,158
4 Regina Qu'Appelle.....	35	6	\$3,941,029	\$545,475	\$4,486,504
5 Sunrise.....	5	5	\$665,132	\$749,374	\$1,414,506
6 Saskatoon.....	43	17	\$5,375,330	\$547,063	\$5,922,393
7 Heartland.....	0	0	\$0	\$740,147	\$740,147
8 Kelsey Trail.....	0	7	\$198,977	\$718,757	\$917,734
9 Prince Albert Parkland.....	7	4	\$842,477	\$504,374	\$1,346,851
10 Prairie North.....	11	5	\$1,208,858	\$555,784	\$1,764,642
11 Mamawetan Churchill River.....	0	0	\$0	\$118,005	\$118,005
12 Keewatin Yatthe.....	0	0	\$0	\$172,710	\$172,710
13 Athabasca.....	0	0	\$0	\$61,100	\$61,100
All Regional Health Authorities.....	116	54	\$13,812,582	\$6,249,683	\$20,062,265
Other Emergency Coverage					
Medical Health Officers.....	0	2	\$208,940	--	\$208,940
Saskatchewan Cancer Agency....	0	6	\$260,762	--	\$260,762
All Emergency Coverage.....	116	62	\$14,282,284	\$6,249,683	\$20,531,967

¹ Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.

² Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

³ Includes payments processed through the Claims System as well as any alternate payments and payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty & clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures

	Medical Remuneration Payments ¹	Alternate Payments	Total Non-Fee-For-Service Payments
Regional Health Authority			
1 Sun Country.....	\$1,313,443	\$880,577	\$2,194,020
2 Five Hills.....	\$2,099,593	\$121,209	\$2,220,802
3 Cypress.....	\$1,573,179	\$1,135,905	\$2,709,084
4 Regina Qu'Appelle.....	\$27,124,572	\$3,375,649	\$30,500,221
5 Sunrise.....	\$2,022,742	\$35,469	\$2,058,211
6 Saskatoon.....	\$18,149,799	\$3,950,056	\$22,099,855
7 Heartland.....	\$258,891	\$337,373	\$596,264
8 Kelsey Trail.....	\$781,230	\$1,847,969	\$2,629,199
9 Prince Albert Parkland.....	\$2,055,678	\$3,854,101	\$5,909,779
10 Prairie North.....	\$3,101,987	\$484,074	\$3,586,061
11 Mamawetan Churchill River.....	\$52,988	\$450,410	\$503,398
12 Keewatin Yatthe.....	\$0	\$804,356	\$804,356
13 Athabasca.....	\$0	\$61,100	\$61,100
All Regional Health Authorities.....	\$58,534,102	\$17,338,248	\$75,872,350
Provincial Projects ²	\$0	\$2,810,967	\$2,810,967
All Expenditures.....	\$58,534,102	\$20,149,215 ³	\$78,683,317

¹ These expenditures for physician services are administered through Regional Health Authorities and funded by Saskatchewan Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population.

³ There is a difference between the Alternate Payments shown above and those shown in the Expenditure Tables on pages 7 and 8 due to accounting adjustments.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
					Regina					Prince		Mama-	Kee-	Atha-	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Parkland	Prairie North	Churchill River	Yatthe	basca	Total
Under 1	M	288	277	211	1,360	270	1,647	232	275	522	571	245	113	24	6,036
	F	297	275	190	1,305	255	1,588	215	218	490	558	239	108	35	5,773
	T	585	552	401	2,666	526	3,235	447	493	1,012	1,129	484	221	59	11,809
1 - 4	M	1,209	1,152	1,036	5,811	1,160	7,136	947	1,028	2,192	2,261	971	478	113	25,495
	F	1,247	1,097	962	5,642	1,078	6,730	998	1,029	2,155	2,215	949	443	108	24,654
	T	2,456	2,249	1,997	11,454	2,238	13,866	1,945	2,057	4,348	4,477	1,920	921	221	50,149
5 - 9	M	1,942	1,691	1,404	8,257	1,621	9,947	1,489	1,457	2,987	2,987	1,270	660	145	35,856
	F	1,707	1,648	1,364	7,776	1,598	9,415	1,379	1,484	2,893	2,797	1,249	622	136	34,068
	T	3,650	3,339	2,767	16,034	3,219	19,362	2,868	2,940	5,880	5,784	2,519	1,282	281	69,925
10 - 14	M	2,017	2,047	1,669	9,198	1,941	10,973	1,763	1,615	3,481	3,250	1,263	709	142	40,069
	F	1,981	1,887	1,563	8,837	1,927	10,413	1,754	1,627	3,115	3,003	1,218	664	148	38,137
	T	3,998	3,935	3,232	18,035	3,868	21,387	3,516	3,242	6,596	6,253	2,481	1,373	290	78,206
15 - 19	M	2,228	2,407	1,821	9,798	2,201	11,047	2,017	1,822	3,167	3,216	1,060	592	143	41,518
	F	2,152	2,187	1,768	9,275	2,197	10,564	1,956	1,679	3,038	3,097	1,024	545	155	39,636
	T	4,380	4,594	3,589	19,073	4,398	21,611	3,973	3,501	6,205	6,313	2,084	1,137	298	81,154
20 - 24	M	2,117	2,136	1,567	9,442	2,015	11,027	1,778	1,575	2,809	3,028	908	419	95	38,915
	F	1,762	1,969	1,419	8,923	1,925	10,953	1,446	1,336	2,622	2,722	776	382	104	36,338
	T	3,879	4,105	2,986	18,364	3,940	21,980	3,224	2,911	5,431	5,750	1,684	801	199	75,253
25 - 29	M	1,707	1,562	1,266	8,436	1,622	10,149	1,306	1,328	2,339	2,434	773	419	95	33,437
	F	1,494	1,565	1,198	8,196	1,406	10,091	1,142	1,174	2,350	2,364	779	410	88	32,259
	T	3,202	3,127	2,464	16,632	3,028	20,240	2,448	2,503	4,689	4,799	1,553	829	183	65,697
30 - 34	M	1,559	1,428	1,163	8,178	1,470	9,725	1,180	1,204	2,398	2,180	814	437	94	31,830
	F	1,489	1,522	1,230	8,029	1,462	9,561	1,082	1,102	2,333	2,138	733	448	86	31,215
	T	3,048	2,950	2,393	16,207	2,932	19,286	2,262	2,306	4,730	4,318	1,547	885	180	63,045
35 - 39	M	1,942	1,787	1,473	9,360	1,779	11,055	1,463	1,388	2,560	2,437	755	446	82	36,526
	F	1,839	1,861	1,505	9,513	1,785	10,947	1,431	1,381	2,699	2,486	685	405	88	36,624
	T	3,781	3,647	2,977	18,873	3,564	22,003	2,894	2,769	5,259	4,923	1,439	851	170	73,150
40 - 44	M	2,268	2,300	1,868	10,138	2,140	11,849	1,842	1,566	2,834	2,700	663	397	58	40,621
	F	2,063	2,196	1,810	10,013	2,075	12,055	1,753	1,487	2,905	2,660	636	339	70	40,062
	T	4,331	4,496	3,678	20,150	4,215	23,904	3,595	3,053	5,739	5,360	1,299	736	128	80,683
45 - 49	M	2,167	2,254	1,766	9,490	2,215	11,143	1,948	1,563	2,730	2,481	591	295	48	38,690
	F	1,978	2,147	1,680	9,662	2,070	10,931	1,633	1,505	2,580	2,360	538	242	35	37,360
	T	4,145	4,400	3,445	19,153	4,285	22,074	3,581	3,068	5,310	4,841	1,130	537	83	76,050
50 - 54	M	1,735	1,783	1,413	7,741	1,955	8,782	1,441	1,483	2,323	1,995	479	237	34	31,400
	F	1,568	1,747	1,350	7,727	1,841	8,704	1,344	1,351	2,264	1,823	422	199	36	30,375
	T	3,302	3,530	2,762	15,468	3,796	17,486	2,785	2,834	4,587	3,818	901	436	70	61,775
55 - 59	M	1,391	1,437	1,198	6,016	1,626	6,719	1,189	1,232	1,976	1,595	349	188	26	24,941
	F	1,421	1,383	1,175	6,070	1,693	6,577	1,116	1,210	1,872	1,439	281	140	25	24,401
	T	2,812	2,820	2,373	12,086	3,319	13,295	2,305	2,442	3,847	3,033	630	328	51	49,342
60 - 64	M	1,123	1,105	959	4,570	1,518	5,163	939	1,133	1,590	1,270	245	154	28	19,796
	F	1,146	1,182	1,019	4,918	1,548	5,373	930	1,055	1,554	1,269	221	126	24	20,363
	T	2,269	2,287	1,978	9,488	3,066	10,536	1,869	2,187	3,144	2,539	466	280	52	40,159
65 - 69	M	1,172	1,115	958	4,047	1,409	4,479	922	930	1,438	1,138	200	106	20	17,935
	F	1,136	1,183	1,010	4,410	1,532	5,015	949	909	1,396	1,055	156	75	15	18,842
	T	2,308	2,298	1,968	8,457	2,942	9,494	1,871	1,839	2,834	2,194	356	181	35	36,777
70 - 74	M	1,144	1,129	935	3,759	1,397	4,033	912	903	1,237	941	127	78	21	16,617
	F	1,152	1,278	1,022	4,276	1,493	4,802	1,053	1,016	1,340	986	119	77	11	18,625
	T	2,296	2,407	1,957	8,035	2,890	8,835	1,965	1,919	2,578	1,927	246	155	32	35,242
75 & Over	M	2,150	2,239	1,734	6,003	3,004	7,155	1,899	1,795	2,071	1,694	149	97	13	30,003
	F	3,219	3,444	2,589	10,303	4,307	11,688	2,680	2,515	2,956	2,392	206	97	15	46,410
	T	5,369	5,683	4,323	16,305	7,312	18,843	4,580	4,311	5,027	4,085	355	194	28	76,413
Total all ages	M	28,160	27,849	22,438	121,603	29,343	142,028	23,268	22,297	38,653	36,179	10,862	5,825	1,181	509,685
	F	27,651	28,571	22,849	124,874	30,193	145,408	22,860	22,077	38,562	35,363	10,233	5,322	1,179	515,142
	T	55,811	56,420	45,287	246,478	59,536	287,437	46,127	44,374	77,215	71,542	21,094	11,147	2,360	1,024,827

Notes: 1) Population as at June 30, 2002

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

		Regional Health Authority of Physician Practice													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Regional Health Authority of Patient Residence		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	Out of Province
1	Sun Country	85.2	0.8	0.1	10.3	0.3	0.8	0.2	0.1	0.1	0.1	0.0	0.0	0.0	2.0
2	Five Hills	0.7	88.7	0.8	5.5	0.1	1.4	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.0
3	Cypress	0.2	1.7	86.5	1.9	0.1	1.7	0.6	0.1	0.1	0.2	0.0	0.0	0.0	7.0
4	Regina Qu'Appelle	0.7	0.5	0.1	93.6	0.7	1.5	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.2
5	Sunrise	0.2	0.2	0.1	5.5	87.6	2.7	0.1	0.4	0.2	0.1	0.0	0.0	0.0	2.9
6	Saskatoon	0.1	0.2	0.1	1.0	0.3	93.2	0.3	0.6	1.2	0.6	0.0	0.0	0.0	2.3
7	Heartland	0.1	0.9	1.6	0.5	0.1	9.8	75.8	0.1	0.2	4.0	0.0	0.0	0.0	6.8
8	Kelsey Trail	0.1	0.1	0.1	0.7	0.8	5.9	0.1	84.1	5.8	0.3	0.1	0.0	0.0	1.9
9	Prince Albert Parkland	0.1	0.1	0.0	0.4	0.1	5.8	0.1	1.5	87.7	2.0	0.2	0.0	0.0	2.0
10	Prairie North	0.1	0.1	0.2	0.3	0.1	3.3	0.6	0.1	1.2	75.9	0.0	0.0	0.0	18.1
11	Mamawetan Churchill River	0.0	0.1	0.1	0.6	0.2	4.4	0.0	0.6	22.4	0.5	45.0	0.0	0.0	25.8
12	Keewatin Yatthe	0.0	0.1	0.1	0.4	0.1	7.2	0.1	0.1	5.3	49.2	1.2	31.4	0.0	5.0
13	Athabasca	0.9	0.0	0.0	1.2	0.2	17.3	0.1	0.3	51.9	14.4	6.3	1.1	0.0	6.2
	Rural Emergency Coverage	11.0	6.3	9.8	9.2	11.6	9.6	12.7	9.9	6.7	9.4	2.0	1.9	0.0	0.0
All Regional Health Authorities		5.8	5.7	4.4	22.6	6.2	25.6	4.3	4.5	8.6	7.1	0.7	0.3	0.0	4.2

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) Only those payments that have been processed through the Claims Processing System either as fee-for-service or as shadow billing are included.

Table 31**Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)**

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	172.07	8.18	84.8	128.17	2.70	35.0	300.24	10.88	85.8
2 Five Hills	161.38	8.17	87.1	168.97	3.73	42.8	330.35	11.91	88.5
3 Cypress	152.98	7.63	81.9	156.14	3.77	42.3	309.12	11.40	84.9
4 Regina Qu'Appelle	140.45	6.83	85.5	175.68	4.03	47.0	316.13	10.86	87.4
5 Sunrise	166.43	8.36	84.7	157.94	3.71	41.6	324.37	12.07	87.0
6 Saskatoon	135.58	6.70	85.1	192.15	4.93	51.7	327.73	11.63	87.6
7 Heartland	164.79	7.79	84.6	157.77	3.64	42.3	322.55	11.43	86.5
8 Kelsey Trail	162.03	7.82	83.7	129.40	2.93	34.0	291.44	10.75	85.0
9 Prince Albert Parkland	168.26	8.36	88.1	151.38	3.68	44.4	319.65	12.04	89.5
10 Prairie North	169.45	7.63	83.9	129.26	3.52	38.0	298.71	11.15	85.5
11 Mamawetan Churchill River	97.79	4.46	71.3	94.62	2.17	27.6	192.41	6.63	73.8
12 Keewatin Yatthe	93.18	3.84	57.4	96.64	2.11	26.2	189.82	5.95	64.1
13 Athabasca	37.72	1.56	34.9	128.78	3.02	39.4	166.51	4.58	56.4
All Regional Health Authorities	148.71	7.23	83.0	164.98	3.98	44.3	313.69	11.21	85.0

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

5) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.

Table 32
General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Sun Country	45	41	1,361	\$219,869	2,238	7,139
2 Five Hills	45	41	1,376	\$209,053	2,596	6,990
3 Cypress	35	30	1,510	\$211,460	2,101	7,068
4 Regina Qu'Appelle	263	178	1,385	\$181,814	2,748	6,404
5 Sunrise	41	32	1,861	\$271,197	2,609	8,973
6 Saskatoon	287	219	1,312	\$176,424	2,642	5,874
7 Heartland	29	25	1,845	\$261,055	2,104	8,150
8 Kelsey Trail	38	33	1,345	\$216,834	2,350	6,527
9 Prince Albert Parkland	73	59	1,309	\$214,568	3,011	7,190
10 Prairie North	76	47	1,522	\$215,518	2,427	6,605
11 Mamawetan Churchill River	14	8	2,637	\$107,442	2,273	3,496
12 Keewatin Yatthe	12	3	3,716	**	1,599	3,171
13 Athabasca	3	0	--	--	--	--
All Regional Health Authorities	936	716	1,431	\$197,364	2,594	6,559

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Physicians may be counted in more than one regional health authority but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of different persons on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

** Not shown, to preserve confidentiality.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy change (see "Highlights" page 4).

3) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").

4) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

Table 33
Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	1998		1999		2000	
	Graduates in 1998	Remained ² in Saskatchewan	Graduates in 1999	Remained ² in Saskatchewan	Graduates in 2000	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	9	6	10	6	12 ⁴	7
Family Medicine – Saskatoon.....	14	10	11	9	10 ⁵	7
Family Medicine/Emergency.....	2	2	2	1	2	1
All Family Medicine.....	25	18	23	16	24	15
Anaesthesia.....	4	2	-	-	2	-
Anatomical Pathology.....	-	-	-	-	1	-
Cardiology.....	-	-	1	-	1	1
General Pathology.....	1	-	1	1	1	1
General Surgery.....	3	2	3	2	4	-
Internal Medicine.....	6	4	4	3	4 ⁴	0
Medical Imaging.....	1	1	3	3	1	-
Neurology.....	1	1	1	-	1	-
Neurosurgery.....	2	-	-	-	-	-
Obstetrics/Gynaecology.....	1	1	2	1	4	1
Ophthalmology.....	-	-	1	1	1	-
Orthopaedic Surgery.....	-	-	2	-	2	-
Paediatrics.....	5	3	2	1	3	1
Neonatal/Perinatal.....	-	-	-	-	-	-
Psychiatry.....	1	2	4	1	0	0
Physical Medicine & Rehabilitation.....	1	1	1	1	-	-
Respiratory Medicine.....	1	1	1	1	1	1
Rheumatology.....	1	-	1	-	1	1
All Specialists.....	28	18	27	15	27	6
Total CSF Funded.....	53	36	50	31	51	21
Externally Funded.....	3		6		6	5
Total Physicians.....	56		56		57	26
CSF Funded Retention Rates⁷						
Family Medicine.....		72%		70%		71%
Specialists.....		64%		56%		23%
All Physicians.....		68%		62%		45%

¹ The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as:

- . clinical services provided by faculty
- . undergraduate, post-graduate and continuing medical education
- . post-graduate medical resident salaries and benefits
- . medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon graduation.

⁴ One graduate went on to a further residency program

⁵ Two graduates went on to a further residency program

⁶ Positions actually occupied as of June 30, 2002.

⁷ Net of the number of graduates who have entered further training

Table 33
(Continued)

Type of Physician	2001		2002		CSF Funded Positions ⁶ in 2002-03	Retention Rate ⁷ of 2002 Graduates
	Graduates in 2001	Remained ³ in Saskatchewan	Graduates in 2002	Remained ³ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	11 ⁴	6	9 ⁵	2	21	29%
Family Medicine – Saskatoon.....	8	5	13	10	24	77%
Family Medicine/Emergency.....	2	2	2	2	2	100%
All Family Medicine.....	21	13	24	14	47	64%
Anaesthesia.....	2	2	2	1	14	50%
Anatomical Pathology.....	-	-	-	-	0	0%
Cardiology.....	1	-	1	-	4	0%
General Pathology.....	-	-	-	-	2	0%
General Surgery.....	4	2	3	1	18	33%
Internal Medicine.....	1 ⁴	-	2	-	27	0%
Medical Imaging.....	2	-	3	2	15	67%
Neurology.....	1	-	1	-	3	0%
Neurosurgery.....	1	1	-	-	5	0%
Obstetrics/Gynaecology.....	3	1	3	2	13	67%
Ophthalmology.....	2	-	1	1	4	100%
Orthopaedic Surgery.....	2	1	2	-	10	0%
Paediatrics.....	-	-	-	-	18	0%
Neonatal/Perinatal.....	0	0	-	-	-	0%
Psychiatry.....	4	1	3	1	15	33%
Physical Medicine & Rehabilitation.....	-	-	1	1	6	100%
Respiratory Medicine.....	1	1	1	1	2	100%
Rheumatology.....	1	-	1	1	1	100%
All Specialists.....	25	9	24	11	157	46%
Total CSF Funded.....	46	22	48	25	204	54%
Externally Funded.....	9	4	3	2	10	
Total Physicians.....	55	26	51	27	214	
CSF Funded Retention Rates⁷						
Family Medicine.....		65%		64%		
Specialists.....		38%		46%		
All Physicians.....		50%		54%		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2001-02	2002-03	2001-02	2002-03
Number of Registered ¹ Practitioners.....	164	162	118	110
Population Per Registered ¹ Practitioner.....	6,249	6,326	8,685	9,317
Per Cent of Beneficiaries Treated.....	10.5%	10.2%	9.4%	9.5%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	160	162	116	110
Number by Age Group: Under 35.....	60	58	36	28
35 - 44.....	54	51	30	33
45 - 54.....	31	35	24	25
55 - 64.....	9	12	19	18
65 and over.....	6	6	7	6
Average Number of Patients Per Practitioner.....	866	825	837	871
Average Patient Contacts Per Practitioner.....	5,085	4,809	865	898
Average Payment Per Practitioner.....	\$59,123	\$54,876	\$34,242	\$35,618
Number by Dollar Range: Less than \$10,000.....	7	6	11	5
\$10,000 - 19,999.....	13	18	14	17
\$20,000 - 39,999.....	28	32	52	45
\$40,000 - 59,999.....	43	48	32	33
\$60,000 - 79,999.....	31	28	6	8
\$80,000 - 99,999.....	25	17	1	2
\$100,000 - 119,999.....	5	4	0	0
\$120,000 - 139,999.....	2	4	0	0
\$140,000 - 159,999.....	2	2	0	0
\$160,000 - 179,999.....	0	3	0	0
\$180,000 & over.....	4	0	0	0

¹ Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Chiropractors and Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

